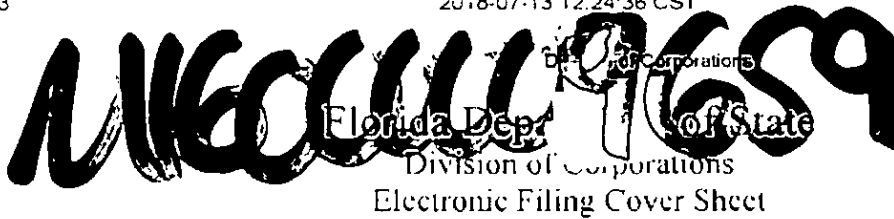


7/13/2018



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Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

**LLC DISSOLUTION OR WITHDRAWAL
DR SMOOD AVENTURA KIOSK LLC**

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NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Dr Smood Aventura Kiosk LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

November 21, 2016

(Date registered with Florida Department of State)

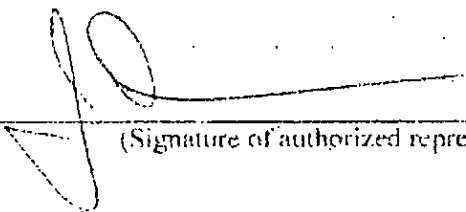
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(Florida Document Number)

This limited liability company is withdrawing its certificate of authority in this state.

Effective Date, if other than the date of filing: _____ (optional)
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(Signature of authorized representative)

Jesper Mathinsen, Authorized Person

(Typed or printed name of signee)

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