

LO9000010466

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

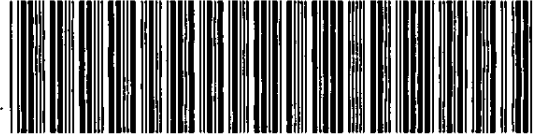
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000272905430

05/18/15--01023--014 **25.00

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
15 MAY 18 PM 3:26

MAY 21 2015

T CANNON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KARMAFARM LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L09000010466

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Tiffany Bare
Name of Person

Name of Firm/Company

5009 COUNTY RD. 102
Address

OXFORD, FL 34484
City/State and Zip Code

thebareden5@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tiffany Bare at (352) 446-7731
Name of Person Area Code Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**STATEMENT OF RESIGNATION OF REGISTERED AGENT
FOR A LIMITED LIABILITY COMPANY**

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

ANGELA RINGLER

Name of Registered Agent

, hereby resigns as

Registered Agent for **KARMAFARM LLC**

Name of Limited Liability Company

L09000010466

Document Number, if known

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
15 MAY 18 PM 3:26

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.



Signature of Resigning Agent

5/12/2015

If signing on behalf of an entity:

Typed or Printed Name

Capacity

FILING FEES:

\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/voluntarily dissolved/
withdrawn limited liability company

**Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314**