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COVER LETTER

TO: Registration Section Division of Corporations	
MOSES PIZZA LLC SUBJECT:	
(Name of	Limited Liability Company)
The enclosed member, resignation or dis	sociation and fee(s) are submitted for filing.
Please return all correspondence concerr	ning this matter to:
JORDAN L. MOSES	
(Contact Person)	
MOSES PIZZA LLC	
(Firm/Company)	
4356 LITHIA PINECREST ROAD	
(Address)	
VALRICO, FL 33596	
(City/State and Zip Code)	
For further information concerning this r	matter, please call:
JOHN P. ZELATIS	at () 654-5144
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made paya	ble to the Florida Department of State for:
≡ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810
rananassee, i is sast i	Tallahassee, FL 32303

CR2E079 (2/14)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

1. The name of the	limited liability company as it appears on the records of the Florida Department
of State is: MOS	ES PIZZA LLC
2. The Florida doc L21000131024	ument/registration number assigned to this limited liability company is:
3. The date this me	ember/manager withdrew/resigned or will withdraw/resign is:
CHELDONID A	-
(Print N	lame of Person Resigning)
MEMBER	
	(Print Title)
of this limited lia resignation in wr	bility company and affirm the limited liability company has been notified of my iting.
Signature of Di	ssociating Member or Resigning Manager
	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)