P11000062573

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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T. LEMIEUX

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MOSAIC CAFE, INC
(Name of Corporation)

DOCUMENT NUMBER: P11000062573

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

MOHAMAD KAMAREDINE
(Name of Person)

(Name of Firm/Company)

3370 NE 190TH STREET
(Address)

AVENTURA, FL 33180
(City/State and Zip Code)

For further information concerning this matter, please call:

Mohamad Kamaredine at (Office: 305-428-2190 Cell 305-898-4669)
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for $35.00 made payable to the Florida Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

CR2E044 (05/13)

OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION

I, MOHAMAD KAMAREDINE, hereby resign as OWNER
(Title)

of MOSAIC CAFE, INC
(Name of Corporation)

P11000062573, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA.

(Signature of resigning officer/director)

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FILING FEE IS $35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314