

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : DAVIS, SCHNITKER, REEVES & BROWNING, P.A.
Account Number : I19980000057
Phone : (850)973-4186
Fax Number : (850)973-8564

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
M.O.S., LLC**

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Corporate Filing Menu

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AUG 18 2020

COVER LETTER

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TO: Registration Section
Division of Corporations

SUBJECT: M.O.S., LLC

(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

TAMMY WILLIAMS

(Contact Person)

M.O.S., LLC

(Firm/Company)

POST OFFICE BOX 902

(Address)

MADISON, FLORIDA 32341

(City/State and Zip Code)

For further information concerning this matter, please call:

TAMMY WILLIAMS

(Name of Contact Person) at (_____) _____
(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:
☒ \$25 Filing Fee ☐ \$55 Filing Fee & Certified Copy

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

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

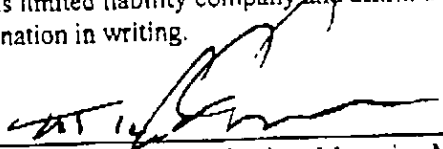
**RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER
FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: M.O.S., LLC

2. This limited liability company was organized under the laws of:
FLORIDA

3. The Florida document/registration number of this limited liability company is:
L01000014893

4. I, MICHAEL O. STICK, MD, hereby resign as a MANAGER AND MEMBER
(Print Name of Person Resigning) (Print Title)
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.



Signature of Resigning Member, Managing Member or Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

2020 AUG 17 P 4:39
FILED

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