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| (Re | equestor's Name) | | | |
|-------------------------|--------------------|------|--|--|
| (Ad | ldress) | | | |
| (Ad | dress) | | | |
| (Cit | ty/State/Zip/Phone | e #) | | |
| PICK-UP | ☐ WAIT | MAIL | | |
| (Bu | isiness Entity Nar | me) | | |
| (Document Number) | | | | |
| Certified Copies | | | | |
| Special Instructions to | Filing Officer: | | | |
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SLORE IARY OF STATE

D. BRUCE

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EXAMINER

COVER LETTER

| TO: Registration Section Division of Corporations | |
|--|---|
| SUBJECT: MOLHER INTERNATIONAL LLC | |
| (Name of Limited Liability Corr | ipany) |
| The enclosed member, managing member or manager resig filing. | nation and fee(s) are submitted for |
| Please return all correspondence concerning this matter to: | |
| JUANA HERNANDEZ | _ |
| (Contact Person) | - |
| (Firm/Company) | - |
| 20725 NE 16 AVE, UNIT A-16 | _ |
| (Address) | • |
| MIAMI, FL 33179 | 78. 17. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18 |
| (City/State and Zip Code) | AHE JU |
| For further information concerning this matter, please call: | N-4 ASSEE |
| JUANA HERNANDEZ at (305 | 6536085 |
| (Name of Contact Person) (Area Code | & Daytime Telephone Number |
| Enclosed please find a check made payable to the Florida D \$25 Filing Fee \$\$ | Department of State for: 655 Filing Fee & Certified Copy |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 |

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

| | limited liability company as | it appears on the records of t | the Florida Department |
|---|--|---------------------------------|-------------------------|
| 2. This limited liab | ility company was organized | d under the laws of: | |
| 3. The Florida doc <u>L0600002</u> 9 | _ | f this limited liability compar | ny is: |
| 4. I, YESSENIA MANON (Print Name of Person Resigning) | | , hereby resign as a Mo | GRM (Print Title) |
| of this limited lia resignation in wr | bility company and affirm th | ne limited liability company h | nas been notified of my |
| Filing Fee: | \$25.00 (Required) \$30.00 (Optional) | nemoer of ividiager | 12 JUN- |

CR2E079 (5/06)