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(Requestor's Name)	<del> </del>
(Address)	
(Address)	
(City/State/Zip/Phone	#)
PICK-UP WAIT	MAIL
(Business Entity Name	<b>a</b> )
(Document Number)	
	4.5.
Certified Copies Certificates of	of Status
Special Instructions to Filing Officer:	
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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: DMOSS + ASSOCIATES, LLC (Name of Limited Liability Company)	
The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to:	
DANIA M MOSS, C.P.A. (Contact Person)	
D. Moss + Associates, LLC (Firm/Company)	
8523 N.W. 1645t. HASSEE AND	5300 1400 1400 1400 1400 1400 1400 1400 1
Miami Lakes FL 33016 RD STATE	-
For further information concerning this matter, please call:	
DANA M. MOSS at (305) 332-1215  (Name of Contact Person) (Area Code & Daytime Telephone Number)	
Enclosed please find a check made payable to the Florida Department of State for:  \$25 Filing Fee & Certified Copy	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building  MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327	

Tallahassee, Florida 32314

CR2E079 (5/06)

2661 Executive Center Circle

Tallahassee, Florida 32301



## 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 of State is:	limited liability company as it appears on the second seco	-	ŧ
2. This limited liab	ility company was organized under the law	rs of:	
	ument/registration number of this limited li		
4.1, W.	Let C. Moss, hereby rame of Person Resigning)	esign as a Managing Men	mba
of this limited liab	pility company and affirm the limited liabil		
Signature of Resi	20 Mods gning Member, Managing Member or Man	TALC:	
-		HAT T	
Filing Fee: Certified Copy:		AM 9:52 0: State E. Florid	