

#L 10000055684

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

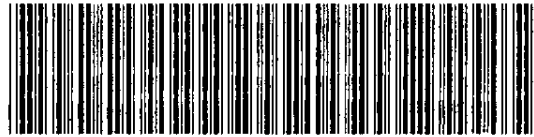
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800198117618

800198117618
03/18/11--01034--007 *\$25.00

FILED
11 MAR 18 AM 11:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
MAR 23 2011

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Mobilitude, 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:

Christos Meimaroglou

(Contact Person)

Mobilitude, LLC

(Firm/Company)

9402 Gettysburg Road

(Address)

Boca Raton, FL 33434-5532

(City/State and Zip Code)

For further information concerning this matter, please call:

Christos Meimaroglou

(Name of Contact Person)

at (540) 4130000

(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

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



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FILED
11 MAR 18 AM 11:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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: Mobilitude, LLC

2. This limited liability company was organized under the laws of:
The State of Florida (sunbiz)

3. The Florida document/registration number of this limited liability company is:
27-2753353 #L10000055684

4. I, Mihai Fonoage, hereby resign as a member manager/owner
(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.

M Fonoage
Signature of Resigning Member, Managing Member or Manager

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