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EXAMINER



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SECRETARY OF STATE
OF A STATE

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Moss Tiny House (Name of Limited Liability	ty Company)
The enclosed member, managing member or manager filing.	resignation and fee(s) are submitted for
Please return all correspondence concerning this matter	er to:
Scott Moss (Contact Person)	
(Contact Person)	
(Firm/Company)	-
11851 NE 10352 Terr (Address)	
Archer FL 32618 (City/State and Zip Code)	
For further information concerning this matter, please	call:
Scott Moss at (35) (Name of Contact Person) (Area (Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Flori	ida Department of State for: \$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

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 compa	any as it appears on the records of the Florida Department
2. This limited liab	ility company was orga	anized under the laws of:
Florida		· · · · · · · · · · · · · · · · · · ·
	ument/registration num	ber of this limited liability company is:
4. I, <u>Scott</u>	iame of Person Resigning)	, hereby resign as a(Print Title)
of this limited lial resignation in wr		rm the limited liability company has been notified of my
Salt	m	
Signature of Resi	gning Member, Manag	ing Member or Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	

CR2E079 (5/06)

IN DEC 22 PH 12: 07
SECRETARY OF STATE
TALLAHASSEF, FIGURE