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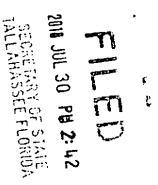
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COVER LETTER

Division of Corporations Mosley Logical LLC SUBJECT: (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: Andrea V Mosley (Contact Person) Mosley Logical LLC (Firm/Company) 2317 SE 8th St (Address) Ocala, FL. 34471 (City/State and Zip Code) For further information concerning this matter, please call: Andrea V Mosley (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 □ \$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 (2/14)

TO:

Registration Section



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

(Pursuant to 605.0216, Florida Statutes)

	ne limited liability company as prida	it appears on the records of the Flor	rida Department
2. The Florida do		signed to this limited liability comp	pany is:
4. I. Andrea V M	Mosley	gned or will withdraw/resign is: 7/2, hereby withdraw/resign as a	27/2018 ZHI JUL 30 THANSSE
Mgr	(Print Title)	e limited liability company has been	POF SHA
resignation in v	· · · · · · · · · · · · · · · · · · ·	5	
Filing Fee:	\$25.00 (Required)		

Certified Copy:

\$30.00 (Optional)