Division of Corporations

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Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document. (((H16000088494 3))) H180000884943ABC7 Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet, To: Division of Corporations Fax Number : (850)617-6383 From: Account Name : TAX, ACCOUNTING AND FINANCIAL EXPERTS, INC. Account Number : 120120000058 Phone : (305)438-7671 Fax Number : (866)895-8710 \*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please \*\*\* ð epura76.Daol.com Email Address: APR 35 ႕က် 033 ÿ LLC AMND/RESTATE/CORRECT OR M/MG RESIGN Å an 9: 1. LILAD LLC Certificate of Status Û APR S 20 Certified Copy 0 2816 Page Count θt Estimated Charge \$25.00 APR 12 2016 HARRIS Central Laboration ther once they Mene

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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)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: LILAD, LLC

2. The Florida document/registration number assigned to this limited liability company is: L12000130065

3. The date this member/manager withdrew/resigned or will withdraw/resign is: \_\_\_\_\_

4.1. MOSNER LEON F

(Print Name of Person Resigning), hereby withdraw/resign as a

MGR

(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Signature of Dissociating Member or Resigning Manager

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

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