

Office Use Only



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SECRETARY OF STATE
AND A SECRETARY OF STATE

K. SALY EXAMINER

MAR - 6 2014

COVER LETTER

Registration Section TO: Division of Corporations

One Mobile 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:

Gonzalo Rodriguez

(Contact Person)

One Mobile LLC

(Firm/Company)

2317 NW 162ND WAY

(Address)

PEMBROKE PINES, FL 33028

(City/State and Zip Code)

For further information concerning this matter, please call:

Gonzalo Rodriguez 954

(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 (12/13)



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SECRETARY OF STATE FALLAHASSEE. FLORIDS

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

1. The name of the of State is: One	• •	it appears on the rec	cords of the Florida Department
2. The Florida docu L130001139	ment/registration number of	f this limited liability	y company is:
3. The date this me	mber withdrew or will withd	Iraw is: 02/28/20	14
_{4. I.} Jose Casilimas		, hereby resign as a MGRM	
(Print Name of Person Resigning)		,,	(Print Title)
of this limited lial resignation in wri		e limited liability co	ompany has been notified of my
2			
Signature of Re	signing or Dissociating Ma	nager, Member	-
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		