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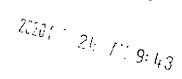
R. WHITE MAR 1 0 222

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: MOONSTONE IN	d Liability Company)
The enclosed member, resignation or dissociat	ion and fee(s) are submitted for filing.
Please return all correspondence concerning th	is matter to:
NOE/ VARE/A (Contact Person)	
MOONSTONE INVESTIGATION (Firm/Company)	<u>u </u>
6447 MiAM LAKES DRIVE /	4NT 1225
MAMI LAKES FL. 330/- (City/State and Zip Code)	<u>Y</u>
For further information concerning this matter	. please call:
NoE/VAREA (Name of Contact Person)	at (<u>305</u>) <u>219-4245</u> (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to \$25 Filing Fee	the Florida Department of State for: □ \$55 Filing Fee & Certified Copy
Mailing Address: Registration Section	Street Address: Registration Section
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303





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:	MOONSTONE INVESTIGATIONS LLC
2. The Florida doc	ument/registration number assigned to this limited liability company is:
	1400002756
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is: 2/0/2019
4. 1. (Print.)	hereby withdraw/resign as a a many of Person Resigning)
<u>Présisén</u>	Print Titles
of this limited lia resignation in wr	bility company and affirm the limited liability company has been notified of my iting.
Se	unely Losais
Signature of Di	ssociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)
Certified Copy.	