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SECRETARY OF STATE TALLAHASSEE, FLORIDA

FEB 2 6 2016 S. YOUNG

COVER LETTER

TO: Registration Section Division of Corporations MOENIG CHEN AGUILERA ARCHITECTURE, 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: THOMAS MOENIG: (Contact Person) MOENIG CHEN AGUILERA ARCHITECTURE, LLC (Firm/Company) 9150 OLD ORCHARD ROAD (Address) **DAVIE, FL 33328** (City/State and Zip Code) For further information concerning this matter, please call: THOMAS MOENIG (Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed please find a check made payable to the Florida Department of State for: □ \$55 Filing Fee & Certified Copy ■ \$25 Filing Fee MAILING ADDRESS: STREET/COURIER ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327

Tallahassee, Florida 32314

2661 Executive Center Circle

Tallahassee, Florida 32301

CR2E079 (2/14)



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)

		t appears on the records of the Florida Department
of State is: M	OENIG CHEN AGUILERA AF	RCHITECTURE, LLC
2. The Florida d L14000064	_	igned to this limited liability company is:
3. The date this	member/manager withdrew/resig	gned or will withdraw/resign is:
4. I. EMMA CH	IFN .	, hereby withdraw/resign as a
(Prin	nt Name of Person Resigning)	
AUTHORIZ	ZED MEMBER	
	(Print Title)	_
of this limited resignation in		limited liability company has been notified in the liability company has been notified
Fl	2	25 PH C.F.
Signature of	Dissociating Member or Resign	
Filing Fee:	\$25.00 (Required)	·

Certified Copy:

\$30.00 (Optional)