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(Address)				
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Ray member (10, 6, 3, 14

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: DEJEMO, LLC				
(Name of Lin	nited Liability Com	npany)		
The enclosed member, resignation or dissoc	iation and fee(s) are submitted for filing.		
Please return all correspondence concerning	this matter to:			
David M. Mooser		_		
(Contact Person)		_		
(Firm/Company)		_		
2010 Galen Ave				
(Address)		_		
Winter Park, FL 32789				
(City/State and Zip Code)		-		
For further information concerning this matter, please call:				
Debbie Mooser	407 at (234-4415		
(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 \$\sime\$ \$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)





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)

	nited liability company as it a	ppears on the records of the Florida Department
2. The Florida docume L14000066114	ent/registration number assign	ned to this limited liability company is:
3. The date this memb	per/manager withdrew/resigne	ed or will withdraw/resign is: April 30, 2014
4. I, David M. Mooser (Print Name of Person Resigning)		hereby withdraw/resign as a
(Print Nam	e of Person Resigning)	, nereby withdrawiresign as a
Member		
(Pr	int Title)	
of this limited liabilities resignation in writing		mited liability company has been notified of my
Signature of Disso	ociating Member or Resignin	g Manager
Filing Fee: Certified Copy:		