## L14000165645

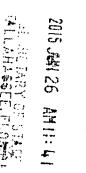
| (Re                                     | questor's Name)    |           |  |  |
|---|--------------------|-----------|--|--|
| (Ad                                     | dress)             |           |  |  |
| (Ad                                     | dress)             |           |  |  |
| (Cit                                    | y/State/Zip/Phone  | #)        |  |  |
| PICK-UP                                 | ☐ WAIT             | MAIL      |  |  |
| (Bu                                     | siness Entity Name | e)        |  |  |
| (Document Number)                       |                    |           |  |  |
| Certified Copies                        | _ Certificates     | of Status |  |  |
| Special Instructions to Filing Officer: |                    |           |  |  |
|   |                    |           |  |  |
|   |                    |           |  |  |
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JUN 2 9 2015 Y SULKER

## COVER LETTER

| TO: Registration Section Division of Corporations  |  |  |  |  |
|--|--|--|--|--|
| SUBJECT: MOCIAL, LLC   |  |  |  |  |
| (Name of Limited Liability Company   | y)                                     |  |  |  |
| The enclosed member, resignation or dissociation and fee(s) are                                    | submitted for filing.                  |  |  |  |
| Please return all correspondence concerning this matter to:  |  |  |  |  |
| Stephen K Matsumsto (Contact Person)   |  |  |  |  |
| (Contact Person)   |  |  |  |  |
| STEPHEN K MATSUMOD/MOCIA   | oc, LLC                                |  |  |  |
| (Firm/Company)   |  |  |  |  |
| 14951 Royal Oaks Ln #803 (Address)   |  |  |  |  |
| (Address)  |  |  |  |  |
| MIDMI, PL 33181  (City/State and Zip Code)   |  |  |  |  |
| (City/State and Zip Code)  |  |  |  |  |
| For further information concerning this matter, please call:                                       |  |  |  |  |
| Stephen K. Matsumoto at (888) 2  (Name of Contact Person) (Area Code & D                           | 866-6003                               |  |  |  |
| (Name of Contact Person) (Area Code & D  | Paytime Telephone Number)              |  |  |  |
| Enclosed please find a check made payable to the Florida Departure \$25 Filing Fee \$55 Filing Fee | rtment of State for:  & Certified Copy |  |  |  |
| STREET/COURIER ADDRESS: MA   | AILING ADDRESS:                        |  |  |  |
| · ·  | gistration Section                     |  |  |  |
| Division of Corporations Div   | vision of Corporations                 |  |  |  |

P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (2/14)

Clifton Building

2661 Executive Center Circle

Tallahassee, Florida 32301



## 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 app  | ears on the records of the Flor  | rida Department | t  |
|--|--|----------------------------------|-----------------|--|
| of State is:                               | MOCIAL, LLC  |                                  | <del></del> -   |  |
| 2. The Florida docu                        | ment/registration number assigned  | d to this limited liability comp | oany is:        |  |
| L14  | 000165645  |                                  | 2               |  |
| 3. The date this mer                       | mber/manager withdrew/resigned  EN K PIRTSUMSTO  Time of Person Resigning) | or will withdraw/resign is:      | Eine 32,        | 4015   |
| 4. I, STEPH (Print No.                     | ENKFIRTSUMON ame of Person Resigning)                                      | hereby withdraw/resign as a      | 25 E            | The section of the se |
| 101  | GR<br>Print Title)   |                                  | AH III N        | gen in wife<br>hangur  |
| of this limited liab<br>resignation in wri | oility company and affirm the limiting.                                    | ted liability company has beer   | notified of my  |  |
|  |  |                                  |                 |  |
| Signature of Die                           | sociating Member or Resigning N  | Manager                          |                 |  |
| Filing Fee:                                | \$25.00 (Required)   |                                  |                 |  |
| Certified Copy:                            | \$30.00 (Optional)   |                                  |                 |  |