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SECRETARY OF STATE TALL AHASSEE, FLORID!

FEB 2 5 2015 T. CARTER

COVER LETTER

TO: Registration Section

CR2E079 (2/14)

Division of Corporations				
SUBJECT: MOZIONE LLC.				
(Name of Limited Liability Company)				
The enclosed member, resignation or dissocia	ation and fee(s	e) are submitted for filing.		
Please return all correspondence concerning t	his matter to:			
VANESSA RODRIGUEZ				
(Contact Person)				
MOZIONE LLC.				
(Firm/Company)		•		
3640 SW 14 ST. UNIT 1				
(Address)		_		
MIAMI, FL 33145				
(City/State and Zip Code)				
For further information concerning this matte	r, please call:			
VANESSA RODRIGUEZ	786 at (449-0904		
(Name of Contact Person)	(Area Code	& Daytime Telephone Number)		
Enclosed please find a check made payable to the Florida Department of State for: \$\Bigsim \frac{1}{2} \\$55 \Filing \Fee & Certified \text{Copy}\$				
STREET/COURIER ADDRESS:		MAILING ADDRESS:		
Registration Section Division of Corporations		Registration Section Division of Corporations		
Clifton Building		P.O. Box 6327		
2661 Executive Center Circle		Tallahassee, Florida 32314		
Tallahassee, Florida 32301				



FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA

15 FEB 20 PM 12: 38

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 composition of State is:	pany as it appears on the records of the Florida Department
	nber assigned to this limited liability company is:
3. The date this member/manager withdre	ew/resigned or will withdraw/resign is: 2/16/2015
4. I, MARY CORREA (Print Name of Person Resigning)	, hereby withdraw/resign as a
MANAGER	
(Print Title)	 •
resignation in writing.	firm the limited liability company has been notified of my
Signature of Dissociating Member or	Resigning Manager
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)	