

L15000037770

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

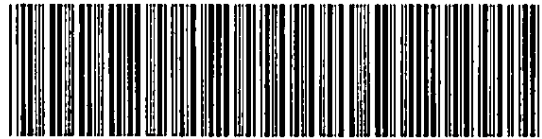
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000312389260

04/27/18--01015--028 **25.00

FILED
2018 APR 27 PM 5:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B FIGUEROA

MAY 03 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MOSAIC PARTNERS, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L15000037770

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

JOHN T. LOMAX, III

Name of Person

Name of Firm/Company

208 W. MITCHELL AVENUE

Address

SANTA ROSA BEACH, FL 32459

City/State and Zip Code

johntlomax@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John Lomax

Name of Person

at (

850

Area Code

267-0676

Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

LAWRENCE KEEFE

Name of Registered Agent

, hereby resigns as

Registered Agent for MOSAIC PARTNERS, LLC

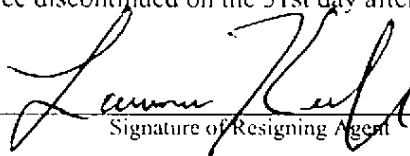
Name of Limited Liability Company

L15000037770

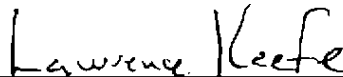
Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.


Signature of Resigning Agent

If signing on behalf of an entity:



Typed or Printed Name

Capacity

FILED
2018 APR 27 PM 5:02
CLERK OF STATE
TALLAHASSEE, FLORIDA

FILING FEES:

\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314