

L 15000044531

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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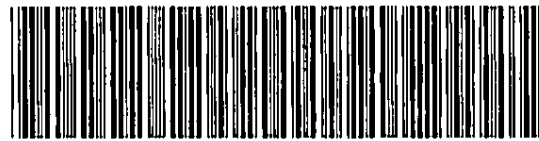
(Business Entity Name)

(Document Number)

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Mosadi, LLC  
Name of Limited Liability Company

DOCUMENT NUMBER: L15000044531

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:

Sema Yildirim  
Name of Person

The Law Offices of Sema Yildirim  
Name of Firm/Company

602 South Boulevard  
Address

Tampa, FL 33606  
City/State and Zip Code

semayildirim@msn.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sema Yildirim at (813) 229-5346  
Name of Person Area Code 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

Sema Yildirim, hereby resigns as Electronic signature was  
Name of Registered Agent  
Registered Agent for Mosadi, LLC done fraudulently without  
Name of Limited Liability Company consent or knowledge of  
SEMA Yildirim

L 15000044531  
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]  
Signature of Resigning Agent

If signing on behalf of an entity:

SEMA YILDIRIM  
Typed or Printed Name  
Capacity

## 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

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