1500079777

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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(Document Number)
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S. WARREN 'JUL 0 6 2017

COVER LETTER

Division of Corporations
SUBJECT: EOS Molma Enterprise, LLC (Name of Limited Liability Company)
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:
Sandra J. Molina
(Contact Person)
(Firm/Company)
7911 Datura Lane
(Address)
New Port Richey FL 34653
(City/State and Zifp Code)
For further information concerning this matter, please call:
Sandra J. Molina at (727) 364-9284 (Name of Contact Person) (Area Code & Daytime Telephone Number)
(Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$\Pi\$ \$25 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: MAILING ADDRESS:

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

1. The name of the limited liability company as it appears on the records of the Florida Department
of State is: ES Molina Enterprise, LLC.
2. The Florida document/registration number assigned to this limited liability company is:
<u> 4500079777</u>
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 6/30/3017
4. 1. Sandra Molina hereby withdraw/resign as a (Print Name of Person Resigning)
Reg. Agent; Duxer
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.
Signature of Dissociating Member or Resigning Manager
Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

CR2E079 (2/14)