



**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MOLKAJETE, 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:

Camilo Sansores  
(Contact Person)

(Firm/Company)

9940 NW 10th Street,  
(Address)

Miami, FL., 33172  
(City/State and Zip Code)

For further information concerning this matter, please call:

Camilo Sansores at 786 630-7680  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:  
 \$25 Filing Fee                       \$55 Filing Fee & Certified Copy

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314



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)

FILED  
OCT 10 AM 11:40  
DIVISION OF STATE CORPORATIONS

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: MOLKAJETE, LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L15000105981

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 10-03-2017

4. I, OMAR COVARRUBIAS, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*

AMBR  
*(Print Title)*

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)