L15000111102

. (1	Requestor's Name)
	Address)
(,	Address)
(1	City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(1	Business Entity Name)
(1	Document Number)
Certified Copies	Certificates of Status
Special Instructions	to Filing Officer:
·	

Office Use Only



600276291326

08/24/15--01010--006 **25.00

COVER LETTER 3

TO: Registration Section
Division of Corporations

SUBJECT: Mobile Advertisement of America, 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:

(Contact Person)

mobile Advertisement of America, LLC
(Firm/Company)

Sol Brickell bay dr. Ste 471
(Address)

Miami/FL/33131
(City/State and Zip Code)

For further information concerning this matter, please call:

Robert R. Perez at (186) 394 3344

(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 & 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

CR2E079 (2/14)



FILED
2015 AUG 24 AM 8: 43
SHORETARY OF STATE
TALLAHASSEE, FLORIDA

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: Mob	ile Advertisement of America, LLC
2. The Florida docu	ment/registration number assigned to this limited liability company is:
L15000	111102
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is: 8/5/15
4. I, Levon (Print N	heldell, hereby withdraw/resign as a ame of Person Resigning)
Mannging 1	Purtures. (Print Title)
of this limited lial resignation in wr	bility company and affirm the limited liability company has been notified of my iting.
De c	
Signature of Di	ssociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)
Certified Copy:	` - /