## Division of Corporation

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H16000093408 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CUEVAS & GARCIA, P.A.

Account Number : I20030000123 Phone : (305)461-9500

Fax Number : (305)448-7300

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

Email Address:

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MOND LLC

59

Certificate of Status 0 Certified Copy 0 Page Count 02 Estimated Charge \$25.00

APR 1 8 2016

Electronic Filing Menu

Corporate Filing Menu

Help



## 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)

| of State is: MOND LLC  2. The Florida document/registration number assigned to this limited liability company is:  L16000063555   |              |                               |
|---|--------------|-------------------------------|
| 3. The date this member/manager withdrew/resigned or will withdraw/resign is:  April 14, 2016  4. I, Nicolas D. Molina  (Print Name of Person Resigning)  Member                  | 16 APR 15 AM | SECRETARY OF<br>TALLAHASSEE.F |
| of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.  Signature of Dissocrating Member or Resigning Manager | 2: 00        | STATE<br>STATE                |
| Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)   |              |                               |

CR2E079 (2/14)

H160000934083