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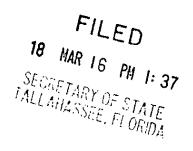
SECRETARY OF STATE
TALL MIRSSEE FROME

K. SALY MAR 1 9 2018

COVER LETTER

TO:		stration Section sion of Corporations		
	Divis	non or corporations		
SUBJE	ECT:	MOKA UNIPERSONALE LL	.c	
		(Name of Lim	ited Liability Cor	mpany)
The e	nclosec	l member, resignation or dissoci	ation and fee(s	s) are submitted for filing.
Please	e return	all correspondence concerning	this matter to:	
Juan	Carlos	s Contreras Piana		
		(Contact Person)		
Regis	stered	Agent		
		(Firm/Company)		_
3222	NW 1	21 AVE		
•		(Address)		_
Sunri	ise 33	323 Florida		
		(City/State and Zip Code)		_
For fu	ırther iı	nformation concerning this matt	er, please call:	
Juan	Carlo	s Contreras Piana	305	3368170
	(N	ame of Contact Person)		& Daytime Telephone Number)
	sed ple 5 Filing	ase find a check made payable t g Fee		Department of State for: g Fee & Certified Copy
		OURIER ADDRESS:		MAILING ADDRESS:
_		Section Corporations		Registration Section Division of Corporations
	n Buile	•		P.O. Box 6327
		ive Center Circle		Tallahassee, Florida 32314
Tallah	nassee,	Florida 32301		

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)

	limited liability company as	it appears on the records of the Florida Department
2. The Florida doc L1700001100	•	signed to this limited liability company is:
3. The date this me	ember/manager withdrew/resi	gned or will withdraw/resign is: Feb/22/18
4. I, Silvestro Socal (Print Name of Person Resigning)		
Manager	(Print Title)	
resignation in wr	iting.	e limited liability company has been notified of my
Signature of D Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	ning Manager