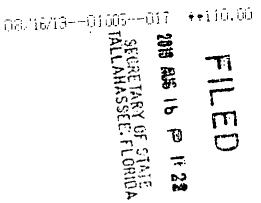
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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: 316 Mola LLC  Name of Limited Liability Company  DOCUMENT NUMBER: LIFOCO 291190
The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Mark F. Booth. Esa.  Name of Person
Rogers Morris + 21egler LLP Name of Firm/Company
1401 E. Broward Blvd, #300 Address
Forthanderdale FL 33301 City/State and Zip Code
bhouston@thlglaw.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:  Mark F Booth at (954), 462 (43)  Name of Person at (954), Daytime Telephone Number
Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314  STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

INHS17 (2/14)

## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605	5.0115. Florida Statutes, the under	rsigned.
Peter Toc	C. l	, hereby resigns as
Name of Registered	d Agent	<del>-</del>
Registered Agent for 316	Mola, LLC	
Name (	of Limited Liability Company	,
Document Number, if known	190	
A copy of this resignation was mailed to	the above listed limited liability	company at its last known address.
The agency is terminated and the office of	discontinued on the 31st day after  Color  Signature of Resigning Agent	the date on which this statement is filed.
If signing on behalf of an entity:		
	o Mola, LLC Typed or Printed Name  ember Capacity	SECRETARY OF S
FIL. \$ 85 \$ 25	ING FEES:  .00 Active limited liability co .00 Administratively dissolve withdrawn limited liability	ompany d/ voluntarily dissolved/

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314