## L1800 291 190

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

Office Use Only



200333130222

Ū8/16/19--ἀ1005--Ö17 ÷•110.00

STORE IN A STATE OF S

ÁUG 2 5 2019 T. LEMMEUX

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: 316 Mola, 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:
Peter Tocci do Mark F. Booth, Esq.
Rogers, Morris & Diegla, LLP
1401 E. Broward Blud. Suite 300
FORT Lauderdale, FL 33301 (City/State and Zip Code)
For further information concerning this matter, please call:
MARK F. Booth at (954) 462-1431
(Name of Contact Person) (Area Code & Daytime Telephone Number
Enclosed please find a check made payable to the Florida Department of State for:  S25 Filing Fee S55 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)



## 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 li	imited liability company as	it appears on the record	s of the Florida Department
of State is:	316 Mola,	LLC	
	nent/registration number as	ssigned to this limited lia	ability company is:
3. The date this men	nber/manager withdrew/res	igned or will withdraw/r	resign is: July 30, 20
4. I. Peter - (Print Nan	TOCCI me of Person Resigning)	, hereby withdraw/	resign as a
	ber Manger Print Title)		
of this limited liabi resignation-in writi	•	e limited liability compa	any has been notified of my
Signature of Diss	sociating Member or Resig	ning Manager	SECRE I
Filing Fee: Certified Copy:			ANY OF STAN