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SECRETARY OF STATE



COVER LETTER

TO: Registration Section

CR2E079 (2/14)

Division of Corporations SUBJECT: MIA MIA, 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: JOHN P. ZELATIS (Contact Person) ZOMESA, LLC (Firm/Company) 15459 MARTINMEADOW DRIVE (Address) LITHIA, FL 33547 (City/State and Zip Code) For further information concerning this matter, please call: JOHN P. ZELATIS (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 □ \$55 Filing Fee & Certified Copy STREET/COURIER ADDRESS: **MAILING ADDRESS:** Registration Section Registration Section Division of Corporations **Division of Corporations** Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301



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 i	it appears on the records of the Florida Deparener
of State is: MIA	MIA, LLC	
2. The Florida doc		signed to this limited liability company is:
		·
		gned or will withdraw/resign is: 03/31/2019
(Print N	lame of Person Resigning)	, hereby withdraw/resign as a
AUTHORIZE		
	(Print Title)	
resignation in wr		e limited liability company has been notified of my
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	