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Special Instructions to Fi	iling Officer:	
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Office Use Only



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## **COVER LETTER**

TO:	Registration Section Division of Corporations	
SUBJE	CCT: MOIDOCS LLC (Name of Limited Liabi	lity Company)
The end	closed member, resignation or dissociation an	d fee(s) are submitted for filing.
Please	return all correspondence concerning this mat	ter to:
Ale	Xandra Kratsas (Contact Person)	
	MoldDocs (Firm/Company)	
809	9 Summer Buy Ct (Address)	
<u>Ja</u>	(City/State and Zip Code)	<u> </u>
For furt	her information concerning this matter, please	e call:
Alex	(Name of Contact Person) at (90)	Ode & Daytime Telephone Number)
	d please find a check made payable to the Flo Filing Fee	orida Department of State for: Filing Fee & Certified Copy
] ] ]	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303



## 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 l	imited liability compan	y as it appears on the records	s of the Florida Department
of State is:	oldOacs LLC		<u></u>
2. The Florida docur	ment/registration numbe	er assigned to this limited lia	bility company is:
L210	1000 4630	<u> 27</u> .	
3. The date this men	nber/manager withdrew	resigned or will withdraw/re	esign is: 03-05-202
	me of Porson Resigning)	, hereby withdraw/r	esign as a
<u> </u>	セ( Print Title)		
of this limited liabi resignation in writi		n the limited liability compai	ny has been notified of my
allexan	der Krah	<u></u>	2021 APR
Signature of Diss	sociating Member or Re	signing Manager	#
Filing Fee: Certified Copy:			PH 2: 35
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