## L22009411749

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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(Document Number)
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2023 SEP 28 PM 1:55

## COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Mob Creative LL.C (Name of Limited Liability Company)		
(Nume of Emilies Electing Con-	,py	
The enclosed member, resignation or dissociation and fee(s	) are submitted for filing.	
Please return all correspondence concerning this matter to:		
MATTHEW BUDJINSKI		
(Contact Person)		
(Firm/Company)	•	
389 BENNINGTON LANE, APTA		
(Address)	•	
LAKE WORTH, FL 33467 (City/State and Zip Code)		
(City/State and Zip Code)		
For further information concerning this matter, please call:		
, p		
MATTHEW RUNTINGEL 01 917	, 740-8540	
MATTHEW RODTINSK   at (917  (Name of Contact Person) (Area Code	& Davtime Telephone Number)	
	•	
Enclosed please find a check made payable to the Florida D	•	
S S	Fee & Certified Copy	
\$30 CERTIFIED CORY		
Mailing Address:	Street Address:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
P.O. Box 6327	The Centre of Tallahassee	
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	

CR2E079 (2/14)







## 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 it appears on the records of the Florida Department
of State is: Mo	b Creative, LLC
2. The Florida docu	ment/registration number assigned to this limited liability company is:
FEILEIN# 9)	-6344272
	mber/manager withdrew/resigned or will withdraw/resign is: 9 22 23
	hereby withdraw/resign as a me of Person Resigning).
MGR/04	INER
	Print Title)
of this limited liab resignation in wri	oility company and affirm the limited liability company has been notified of my ting.
Mathe	Bjir
Signature of Di	ssociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)