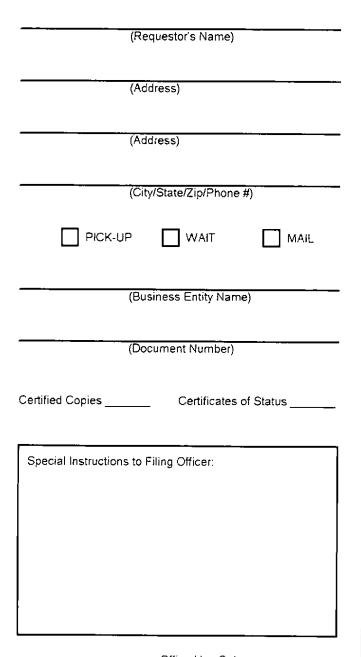
## L23000002859



Office Use Only



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12/11/23--01013--011 \*\*25.00

2023 DEC | | PH |2: 32 SECRETARY OF STATE

## **COVER LETTER**

TO: Registration Section Division of Corporations				
SUBJECT: MOM Access 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:				
David Guillaume (Contact Person)				
MOM Access LLC (Firm/Company)				
95 Hermosillo Dr (Address)				
Kissimmee FL 34743 (City/State and Zip Code)				
For further information concerning this matter, please call:				
David Guillaume at (980) 309-4957 (Name of Contact Person) (Area Code & Daytime Telephone Number)				
Enclosed please find a check made payable to the Florida Department of State for:  \$\sum \\$\\$\\$\\$\$ \$25 Filing Fee \$\sum \\$\\$55 Filing Fee & Certified Copy				
Mailing Address: Registration Section Street Address: Registration Section				

Division of Corporations
The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327



## 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 th	e limited liability company a	s it appears on the reco	ords of the Florida Department
	MDM Access		, 
2. The Florida do	cument/registration number a	ssigned to this limited	liability company is:
	10002859		
3. The date this m		igned or will withdraw	V/resign is: $\frac{11/9/2023}{9}$
Manz			
of this limited liz resignation in w	ability company and affirm the	e limited liability comp	pany has been notified of my
De C	D		ு <b>23</b>
Signature of D	issociating Member or Resign	ning Manager	
	\$25.00 (Required) \$30.00 (Optional)		FILED  2023 DEC   I PH IZ: 3  SECRETARY OF STATE TALLAHASSEE, FL