

L24 0000 53250

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

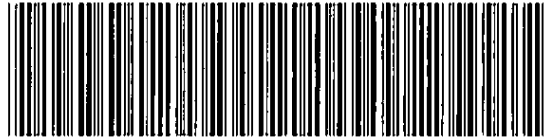
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900431145389

06/11/24--01029--020 \*\*55.00

**FILED**  
2024 JUN 11 PM 4: 57  
SECRETARY OF STATE  
TALLAHASSEE, FL

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Mosaic Marketing and Media 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:

Nicole Nin  
(Contact Person)

Mosaic Marketing and Media  
(Firm/Company)

13110 WHITE MARSH LN #204  
(Address)

Fort Myers, FL 33912  
(City/State and Zip Code)

FILED  
2024 JUN 11 PM 4:57  
SECRETARY OF STATE  
TALLAHASSEE, FL

For further information concerning this matter, please call:

Lavera Nin at ( 239 ) 966-7242  
(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

**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 limited liability company as it appears on the records of the Florida Department of State is: MOSAIC MARKETING AND Media

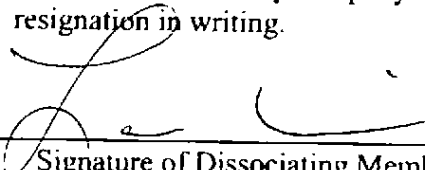
2. The Florida document/registration number assigned to this limited liability company is: 624000053250

3. The date this member/manager withdrew/resigned or will withdraw/resign is: May 5, 2024

4. I, LAURA NIN, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*

COO  
*(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

  
Signature of Dissociating Member or Resigning Manager

FILED  
2024 JUN 01 PM 4:57  
SECRETARY OF STATE  
TALLAHASSEE, FL

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)