

L96000000185

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

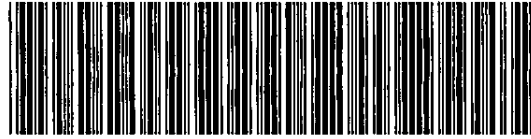
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800277115738

09/21/15--01019--011 **25.00

FILED
15 SEP 21 PM 5:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP 22 2015
S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Moshe WeitzLC
(Name of Limited Liability Company)

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Moshe Weitz
(Name of Person)

Moshe Weitz LC
(Firm/Company)

244 Poinciana Dr.
(Address)

Sunny Isles Beach, Florida 33160
(City/State and Zip Code)

FILED
15 SEP 21 PM 5:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Moshe Weitz at (305) 944-2230
(Name of Person) (Area Code & Daytime Telephone Number)
305-778-4604

Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- \$30.00 Filing Fee & Certificate of Status
- \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I, JONATHAN WEITZ, hereby resign as MANAGING MEMBER
(Title)

of MOSHE WEITZ LC
(Limited Liability Company)

a limited liability company organized under the laws of the State of FLORIDA

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

(Signature of resigning manager, managing member or member)

FILED
15 SEP 21 PM 5:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILING FEE IS \$25.00

**Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314**