

PD20000045369

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

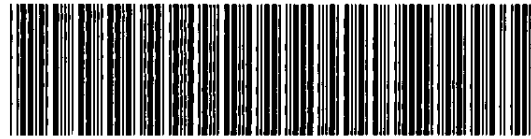
(Business Entity Name)

(Document Number)

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11 JAN 18 PM 12:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Dr. 1-19-11*

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Moli Inc  
(Name of Corporation)

**DOCUMENT NUMBER:** 01-0699939

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Andrea Beacom  
(Name of Person)

Moli Inc  
(Name of Firm/Company)

2301 SR 524 #135  
(Address)

Cocoa FL 32926  
(City/State and Zip Code)

For further information concerning this matter, please call:

Andrea Beacom at ( 321 ) 446-8091  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**Mailing Address:**  
Amendment Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

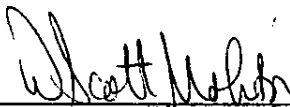
**FILED**  
11 JAN 18 PM 12:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

I, D. Scott Molitor, hereby resign as Vice President  
(Title)

of Moli, Inc.  
(Name of Corporation)

01 0699939, a corporation organized under the laws of the State of  
(Document Number, if known)

Florida

  
(Signature of resigning officer/director)

**FILING FEE IS \$35.00**

**Make checks payable to Florida Department of State and mail to:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314