

P11000062573

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATE AFFAIRS

FEB 07 2015

T. LEVINSKY

**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** MOSAIC CAFE, INC  
(Name of Corporation)

**DOCUMENT NUMBER:** P11000062573

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

Please return all correspondence concerning this matter to the following:

MOHAMAD KAMAREDINE  
(Name of Person)

(Name of Firm/Company)

3370 NE 190TH STREET  
(Address)

AVENTURA, FL 33180  
(City/State and Zip Code)

For further information concerning this matter, please call:

Mohamad Kamaredine at Office: 305-428-2190  
(Name of Person) (Area Code & Daytime Telephone Number)  
Cell: 305-898-4669

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

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

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

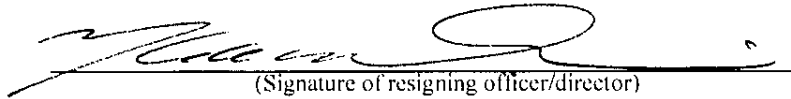
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, MOHAMAD KAMAREDINE, hereby resign as OWNER  
(Title)

of MOSAIC CAFE, INC  
(Name of Corporation)

P11000062573, 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

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