## P16000087338

(Requestor's Name)	
(Address)	]
(Address)	,
(City/State/Zip/Phone #)	ļ
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	Ján
Special Instructions to Filing Officer:	





000355690450



11/30/20--01029--021 \*\*35.00

2002 PH 1:23

## **COVER LETTER**

TO: Registration Section Division of Corporations ENTERTAINMENT & MOBILE SERVICES LLC SUBJECT: (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: GABRIEL RODRIGUEZ (Contact Person) TAX HOUSE GABLES (Firm/Company) 2130 SW 13 AVE (Address) MIAMI, FL 33145 (City/State and Zip Code) For further information concerning this matter, please call: GABRIEL RODRIGUEZ (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: ■ \$25 Filing Fee ☐ \$55 Filing Fee & Certified Copy Mailing Address: Street Address: Registration Section Registration Section Division of Corporations **Division of Corporations** P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E079 (2/14)

## TRANSMITTAL LETTER

Amendment Section Division of Corporations SUBJECT: (Name of Corporation) DOCUMENT NUMBER: P16000082338 The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following: GABRIEL RODRIGUEZ (Name of Person) TAX HOUSE GABLES (Name of Firm/Company) 2130 SW 13 AVE (Address) MIAMI (City/State and Zip Code) For further information concerning this matter, please call: GABRIEL RODRIGUEZ (Name of Person) Enclosed is a check for \$35.00 made payable to the Florida Department of State. Mailing Address: Street Address: Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

TO:

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

, hereby resign as (Title)
on),
ation organized under the laws of the State of
esigning officer/director)
2

FILING FEE IS \$35.00  Make checks payable to Florida Department of State and mail to:	
Amendment Section	O PH
Division of Corporations P.O. Box 6327	1: 2

Tallahassee, Florida 32314