P00000 100 197

		·
(Re	questor's Name)	
(Ad	dress)	
·	dress)	
(Cit	y/State/Zip/Phone	(#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	,,
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	-	





000055906170

06/13/05--01045--029 **192.50



TEMPH JUN 1.4 2005

RASIC RESIC

LAW OFFICES

TIM A. SHANE, P.A.

3251 North Federal Highway Boca Raton, Florida 33431

TIM A. SHANE

DEDICATED TO

PROFESSIONAL EXCELLENCE

BENJAMIN M. GOTTLIEB MELISSA A. RUDMAN **TELEPHONE**

BOCA RATON

(561) 988-555 (954) 561-455

BROWARD FAX

(561) 362-81C

E-MAIL: SHANETIM@AOL.COM

June 8, 2005

Amendment Section Division of Corporations PO Box 6327 Tallahassee, FL 32314

RE:

Mastered Concepts & Design, Inc.

Doc. Number: P00000100197

Dear Sir or Madam:

Enclosed please find the following:

- Officer/Director Resignation of Diedra D. Avila as Vice President \$35
- 2. Officer/Director Resignation of Diedra D. Avila as Director \$35
- 3. Resignation of Registered Agent for a Corporation (Active) \$87.50
- 4. Statement of Change of Registered Office or Registered Agent or Both for Corporations \$35
- 5. Check in the amount of \$192.50 for the fees associated with the above actions.

Please register the changes with your records. If you have any questions or are in need of anything further, please advise.

Thank you for your kind attention to these matters.

Sincerely,

Melissa A. Rudman

Encl.

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, Deida D. Avila (Name of Registered Agent)
hereby resigns as Registered Agent for Massered Concepts to Design, Inc. (Name of Corporation)
(Document Number, if known)
A copy of this resignation was mailed to the above listed corporation at its last known address.
The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.
(Signature of Resigning Agent)
If signing on behalf of an entity:
(Capacity) TASSECTATE (Capacity) TASSECTATE (Capacity) TASSECTATE (Capacity)

Fee for filing this document:

\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation

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