

L08000053106

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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10 JUN 21 AM 10:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Amend*

*C.A. Coulliette*

C.COULLIETTE

JUN 22 2010

EXAMINER

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** MASTERS EQUINE LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L08000053106

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

PETER CAMACHO  
Name of Person

CP ASSOCIATED SERVICES INC  
Name of Firm/Company

4545 FOREST HILL BLVD STE 10  
Address

WEST PALM BEACH, FL 33415  
City/State and Zip Code

PCAMACHO@CPASSOCIATED.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PETER CAMACHO at ( 561 ) 237-5520  
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

**MAILING ADDRESS:**

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

**STREET ADDRESS:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

## RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

CP ASSOCIATED SERVICES INC

Name of Registered Agent

, hereby resigns as

Registered Agent for

MASTERS EQUINE LLC

Name of Limited Liability Company

L08000053106

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company 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:

CP ASSOCIATED SERVICES INC

Typed or Printed Name

ACCOUNTANT

Capacity

### FILING FEES:

\$ 85.00 Active limited liability company  
\$ 25.00 Administratively dissolved/ voluntarily dissolved/  
withdrawn limited liability company

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

10 JUN 21 AM 10:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
FILED