

L08000053106

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

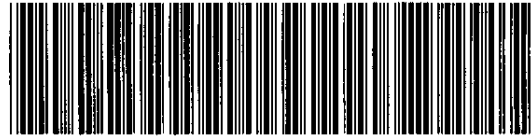
(Business Entity Name)

(Document Number)

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06/21/10--01016--011 **85.00

FILED
19 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

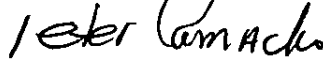
Name of Limited Liability Company

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

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

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