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16 SEP 26 AM IO: 39 DIVISION OF CORPORATIONS

O SIMMONS SEP 28 2016

COVER LETTER

TO: Registration Section Division of Corporations Masuen Consulting 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: Michele Masuen (Contact Person) Masuen Consulting LLC (Firm/Company) 642 Yates Rd (Address) Newport, WA 99156 (City/State and Zip Code) For further information concerning this matter, please call: Michele Masuen (Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed please find a check made payable to the Florida Department of State for:

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

CR2E079 (2/14)

☑ \$25 Filing Fee

MAILING ADDRESS:

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Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

	limited liability company as uen Consulting, LLC	it appears on the records of the Florid	a Department	t
2. The Florida doc L0400000018		ssigned to this limited liability compan	y is:	
Todd Mobior	_	igned or will withdraw/resign is:, hereby withdraw/resign as a	d Mohler	
	(Print Title) bility company and affirm th	e limited liability company has been n	otified of my	
Filing Fee:	\$sociating Member or Resigns \$25.00 (Required) \$30.00 (Optional)	ning Manager	16 SEP 26 AH 10: 39 DIVISION OF CONFORATIONS	FILED