# 104000037136

| (Re                     | equestor's Name)   |           |
|-------------------------|--------------------|-----------|
|                         |                    |           |
| (Ad                     | ldress)            |           |
|                         |                    |           |
| (A0                     | ldress)            |           |
| · (Cit                  | ty/State/Zip/Phone | e #)      |
| ,                       | •                  | . '       |
| PICK-UP                 | ☐ WAIT             | MAIL      |
|                         |                    |           |
| (Bu                     | ısiness Entity Nan | ne)       |
|                         |                    |           |
| (Do                     | ocument Number)    |           |
|                         |                    |           |
| Certified Copies        | _ Certificates     | of Status |
|                         |                    |           |
| Special Instructions to | Filing Officer:    |           |
|                         |                    | ;         |
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Office Use Only



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2000 OCT -9 AM IO: 53
SECRETARY OF STATE
AND AHASSEE, FLORIDA

T. CLINE

OCT 10 2008

EXAMINER



## FLORIDA DEPARTMENT OF STATE Division of Corporations

September 15, 2008

DEBRA MASON 89 CEDAR ISLAND RD PERRY, FL 32348

SUBJECT: MASON'S COASTAL REALTY, LLC

Ref. Number: L04000037136

We have received your document for MASON'S COASTAL REALTY, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please cal (850) 245-6020.

Tammi Cline Regulatory Specialist II

Letter Number: 608A00050106

#### **COVER LETTER**

| TO: Amendment Section Division of Corporations                                           |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|------------------------------------------------------------------------------------------|---------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SUBJECT: Mason's Coastal Realty LLC (Name of Corporation)                                | -                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| DOCUMENT NUMBER: <u>LO400037136</u>                                                      | -                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for | filing.                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Please return all correspondence concerning this matter to the following:                |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Debya A Masim (Name of Person)                                                           |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| (Name of Firm/Company)                                                                   | 2008 OCT<br>SECRET<br>TALLAHA         | T II                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|                                                                                          | TAR<br>TAR                            | Contraction of the last of the |
| City/State and Zip Code)                                                                 | AM 10: 53<br>FOR STATE<br>EE, FLORIDA |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| For further information concerning this matter, please call:                             | SE SS                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| (Name of Person) at (\$50) 578 2119  (Area Code & Daytime Telephone Number)              |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

 $\sim M_{\odot} N_{\odot}$ 

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

Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

#### **COVER LETTER**

|                                              | 111/25/16                     | Casilia            | Double.        | 110                                |                   |
|----------------------------------------------|-------------------------------|--------------------|----------------|------------------------------------|-------------------|
| SUBJECT:                                     | Masus<br>(Name of Limited Lie | ability Company)   | record         |                                    |                   |
| DOCUMENT NUMBER:                             | L040                          | 060371             | 36             |                                    |                   |
| The enclosed Resignation of Register filing. | stered Agent for a Li         | mited Liability C  | ompany and fee | are submitte                       | d                 |
| Please return all correspondence of          | concerning this matte         | r to the following | ; <b>:</b>     |                                    |                   |
| Dehra A                                      | f Masm                        |                    |                |                                    |                   |
| (Name of Pe                                  | erson)                        |                    |                |                                    |                   |
| Jumely of Maxim                              | Company)                      | early LLC          |                |                                    |                   |
| (Name of Firm/C                              | Company)                      |                    | · ·            | <b>1.</b>                          |                   |
| Sq Cedar Is                                  | Lond Rd                       |                    | 1              | ZOOB OCT                           |                   |
| (Address                                     | s)<br>,                       |                    |                | 1034                               | PARELL            |
| - Permy P                                    | 632348                        |                    |                | 9 A<br>RYO                         | and or            |
| (City/State and 2                            | Zip Code)                     |                    |                | FLS NO                             | E. S. Contraction |
| For further information concerning           | g this matter, please         | call:              |                | AM 10: 53<br>OF STATE<br>E, FLORID |                   |
| Depu A Mas                                   | m at (81                      | 50, 578            |                | 3 <b>3</b> *                       |                   |
| (Name of Person)                             | (Area                         | a Code & Daytime   | Telephone Numb | per)                               |                   |

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

TO:

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

| Registered Agent for Maxws (bostal Realty UL)  (Name of Limited Liability Company)                       | ,           |                     |
|----------------------------------------------------------------------------------------------------------|-------------|---------------------|
| Registered Agent for Maxws (bostal Realty UL  (Name of Limited Liability Company)                        | ,           |                     |
| (Name of Limited Liability Company)                                                                      | ,           |                     |
|                                                                                                          | ,           |                     |
| 1 1011 10000 27/2/0                                                                                      |             |                     |
| L04000037136                                                                                             |             |                     |
| (Document Number, if known)                                                                              |             |                     |
| A copy of this resignation was mailed to the above listed limited liability company at its last known ad | dress.      |                     |
| The agency is terminated and the office discontinued on the 31st day after the date on which this stater | nent is fil | ed.                 |
| (Signature of Resigning Agent)                                                                           | 7008 OCT -  | Tarana and a second |
| - CLOVILA VOUST                                                                                          |             | ACRONIC STREET      |
| (Typed or Printed Name)  White Agest (Capacity)                                                          | AM 10: 53   | Paragraphy          |

**FILING FEES:** 

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

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