

L06000045261

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

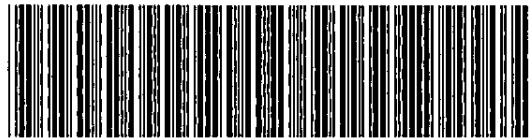
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700247563747

05/16/13--01036--001 **170.00

FILED

13 MAY 16 PM 3:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS
MAY 17 2013
EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Matson Technologies, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L06000045261

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:

Donald W. Wallis

Name of Person

Upchurch, Bailey and Upchurch, P.A.

Name of Firm/Company

780 N. Ponce de Leon Blvd.

Address

St. Augustine, Florida

City/State and Zip Code

32084-3519

dwallis@ubulaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lori Aldrich

Name of Person

at (904) 829-9066

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Donald W. Wallis

, hereby resigns as

Name of Registered Agent

Registered Agent for Matson Technologies, LLC

Name of Limited Liability Company

L06000045261

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.

Donald W Wallis

Signature of Resigning Agent

If signing on behalf of an entity:

Typed or Printed Name

Capacity

FILED
13 MAY 16 PM 3:03
TALLAHASSEE, FLORIDA
DEPARTMENT OF STATE

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