

L060000085373

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

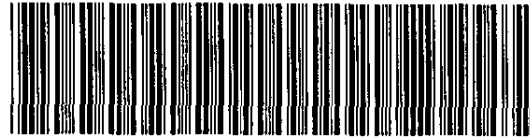
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP 13 2013

J. BRYAN

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MASTERS INVESTMENT SERVICES, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L06000085373

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:

JOHN FONVILLE

Name of Person

MASTERS INVESTMENT SERVICES, LLC

Name of Firm/Company

PO BOX 111

Address

PONTE VEDRA BEACH, FL 32082

City/State and Zip Code

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

For further information concerning this matter, please call:

JOHN FONVILLE

Name of Person

at (**904**) **543.8917**

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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TALLAHASSEE, FLORIDA

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,

LAW OFFICES OF DAN W ARMSTRONG, P.A., hereby resigns as

Name of Registered Agent

Registered Agent for MASTERS INVESTMENT SERVICES, LLC

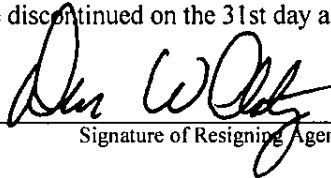
Name of Limited Liability Company

L06000085373

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:

DAN W ARMSTRONG

Typed or Printed Name

OWNER, PRINCIPAL, SHAREHOLDER

Capacity

FILED
2013 SEP 12 PM 1:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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