

L090000063076

(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



600275956066

08/14/15--01011--008 **25.00

FILED
2015 AUG 14 A 11:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 17 2015

S MASON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Master Strategies LLC

DOCUMENT NUMBER: L09000063076

The enclosed **Notice of Limited Liability Company Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

John Ziglar

(Name of Contact Person)

Master Strategies LLC

(Firm/Company)

6142 Little lake Sawyer Drive

(Address)

Windermere, Florida 34786

(City/State and Zip Code)

For further information concerning this matter, please call:

John Ziglar

(Name of Contact Person)

at (407)

(Area Code)

800 1793

(Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$30 Filing Fee &
Certificate of Status

☐ \$55 Filing Fee &
Certified Copy

(Additional copy is enclosed)

☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy

(Additional copy is enclosed)

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



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)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: Master Strategies LLC

2. The Florida document/registration number assigned to this limited liability company is:
L09000063076

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 8/6/2015

4. I, Travis Beauchesne, hereby withdraw/resign as a
(Print Name of Person Resigning)

Member

(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.


Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

CR2E079 (2/14)

FILED
2015 AUG 14 A 11:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA