# 528111 9009 JUS 823

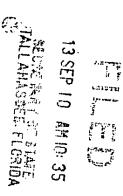
(Re	equestor's Name)	
(Ac	idress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	= #)
PICK-UP	☐ WAIT	MAIL
(Вс	usiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
:		

Office Use Only



900250957969

09/10/13--01017--001 \*\*125.00



### **COVER LETTER**

SUBJECT: Monster Rewards, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L09000111823

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:

Bryon Wolf

Name of Person

Name of Firm/Company

1819 Bayview Drive

Address

Tierre Verde, FL 33701

City/State and Zip Code

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

For further information concerning this matter, please call:

Bryon Wolf

Name of Person

Area Code & Daytime Telephone Number

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

TO:

Amendment Section Division of Corporations

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	s of section 608.416	(2) or 608.509, Flo	rida Statutes, the under	ersigned,		
Megan Schultz, hereby resigns as						
	Name of Registered Ager					
Registered Agent for M	onster Rewar	rds, LLC				
	Name of Lim	ited Liability Compan	у			
L09000111823						
Document Nun	nber, if known	_ <del></del>				
A copy of this resignation	n was mailed to the a	above listed limited	I liability company at	its last known add	iress.	
The agency is terminated	and the office disco	ntinued on the 31s	t day after the date on	which this statem	nent is f	īled.
	My	Signature of Resigni	ing Agent			
If signing on behalf of an	entity:	,				
	Т	yped or Printed Name			: 13 S	en e
		Capacity		Te and	SEP	i dana
	FILING \$ 85.00 \$ 25.00	Active limited l Administrativel	iability company y dissolved/ voluntar ted liability company	ily dissolved	10 AM ID: 36	

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