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Special Instructions to Filing Officer:

L. SELLERS

GUT -4 2010

EXAMINER

Office Use Only



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SECRETARY OF STATE

COVER LETTER

Division of Corporations	
SUBJECT: MASED LC (Name of Limited Liability C	Company)
The enclosed member, managing member or manager resfiling.	signation and fee(s) are submitted for
Please return all correspondence concerning this matter to	o:
TUAN CUBILLOS (Contact Person)	
MASEB, LLC (Firm/Company)	
8261 NW 8 St #431	
MIAMI, FL. 33126 (City/State and Zip Code)	
For further information concerning this matter, please cal	II:
TUAN CUBILOS at (305) (Name of Contact Person) (Area Contact Person)	de & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida V \$25 Filing Fee	Department of State for:]\$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Tallahassee, Florida 32301	

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

	limited liability company as	it appears on the records	of the Florida Department
2. This limited liab	ility company was organized ム <i>A</i>	under the laws of:	
EIN #2	ument/registration number of 7-2668799	•	
of this limited lial resignation in wr	Mariata	e limited liability compan	
	\$25.00 (Required) \$30.00 (Optional)		10 10

CR2E079 (5/06)