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## **COVER LETTER**

Division of Corporations	
SUBJECT: Mason Design	n 人しC nited Liability Company)
The enclosed member, managing member o filing.	r manager resignation and fee(s) are submitted for
Please return all correspondence concerning	this matter to:
Rafael-A. Rivera (Contact Person)	
(Contact Person)	
Mason Design LL (Firm/Company)	<u>C</u>
	FS 22
7059 Lake Ola Dr	F CORE TO A HAR
	ARY OF SSEE, F
Dora Monda 32757 (City/State and Zip Code)	REGRETARY OF STATE ALL AHASSEE, FLORID.
For further information concerning this mat	ter, please call:
Rafael Rivera	at (407) 844 200 / (Area Code & Daytime Telephone Number)
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable \$25 Filing Fee	to the Florida Department of State for:  \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS: <
Registration Section Division of Corporations	Registration Section Division of Corporations
Clifton Building	P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (5/06)

2661 Executive Center Circle

Tallahassee, Florida 32301

TO: Registration Section



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	nited liability company as it a Son DeSign		f the Flor	ida Departmer	nt 
	ty company was organized un F Aonda			2013 SEP 11 SECRETARY	A SECOND
	nent/registration number of thi	is limited liability comp	any is:	PH 1: 05 COF STATE EE, FLORIDA	
	P. Rivera e of Person Resigning)	, hereby resign as a		R M nt Title)	_
resignation in writin	ity company and affirm the ling.  ing.  ing.  Member, Managing Mem		has been	notified of m	Y
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)				