

L1300 0037840

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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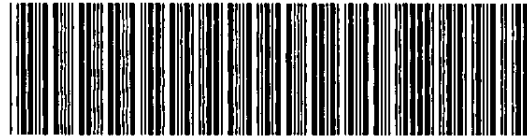
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Mason Design LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L 13000087840 (L 130000 37840)

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:

Rafael A. Rivera
Name of Person

Mason design LLC
Name of Firm/Company

7059 Lake ola Dr
Address

Mt Dom Florida 32757
City/State and Zip Code

Rafaelaoc@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rafael Rivera at (407) 844 2001
Name of Person 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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,

Rafael A. Rivera

Name of Registered Agent

, hereby resigns as

Registered Agent for Mason Design LLC

Name of Limited Liability Company

L 130000 37840

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.

R. Rivera

Signature of Resigning Agent

If signing on behalf of an entity:

Rafael A. Rivera

Typed or Printed Name

MGRM

Capacity

FILED
13 SEP 11 AM 11:43
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