L17000153635

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : ALONSO & GARCIA, P.A.
Account Number : I20020000031
Phone : (305)448-3898
Fax Number : (305)443-9073

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: beatriz@alonsogarcia.com

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LLC REGISTERED AGENT RESIGNATION
MASTER DEALER COMPANY CAPITAL LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	$85.00

K. SALY
JUL 19 2017

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

ALONSO & GARCIA PA, hereby resigns as

Name of Registered Agent

Registered Agent for MASTER DEALER COMPANY CAPITAL LLC

Name of Limited Liability Company

L14000153635

Document Number, if known

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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.

X

Signature of Resigning Agent

If signing on behalf of an entity:

DOMINGO ALONSO

Typed or Printed Name

PRESIDENT AND DIRECTOR

Capacity

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$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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

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