

LEDD 114516

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(Business Entity Name)

(Document Number)

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06/07/16--01011--013 **85.00

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TALLAHASSEE, FLORIDA

2016 JUN -6 AM 11:54

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TALLAHASSEE, FLORIDA
16 JUN -6 AM 10:23

JUN 08 2016
S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Masada Diversified Services, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L15000114516

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:

Brian Joyner

Name of Person

Masada Diversified Services, LLC

Name of Firm/Company

10460 SW 8th Street, Apt 203

Address

Pembroke Pines, FL 33025

City/State and Zip Code

joynerbrian@gmail.com

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

For further information concerning this matter, please call:

Brian Joyner

Name of Person

at

786

Area Code

486-2564

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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TALLAHASSEE, FLORIDA
16 JUN -6 AM 10:23

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**STATEMENT OF RESIGNATION OF REGISTERED AGENT
FOR A LIMITED LIABILITY COMPANY**

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

Lucretia Goodridge

, hereby resigns as

Name of Registered Agent

Registered Agent for Masada Diversified Services, LLC

Name of Limited Liability Company

L15000114516

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.

Lucretia Goodridge

Signature of Resigning Agent

If signing on behalf of an entity:

Brian Jaynes

Typed or Printed Name

MANAGER

Capacity

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 JUN -6 AM 10:23

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