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COVER LETTER

TO: Registration Section
Division of Corporations
SUBJECT: Mason axon, 6 host Tracs, & Southern Budis (Name of Limited Liability Company)
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:
Jason Mc Garraugh (Contact Person)
(Firm/Company)
(Address)
(City/State and Zip Code)
For further information concerning this matter, please call:
Name of Contact Person) at (1015) 719-2972 (Area Code & Daytime Telephone Number)
(Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$\subset\$ \$\\$\\$25 \text{ Filing Fee} \subseteq \$\\$55 \text{ Filing Fee & Certified Copy}\$
STREET/COURIER ADDRESS: MAILING ADDRESS:

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

CR2E079 (2/14)

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



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

(Pursuant to 605.0216, Florida Statutes)

1. The name of the	limited liability company as it appears on the records of the Flo	rida Depa	rtment
of State is:	host Tracs, uc		
	ment/registration number assigned to this limited liability com	pany is:	
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is:	Dec 31	2015
4. I, Helli (Print No.	Mc Garraugh, hereby withdraw/resign as a ame of Person Resigning	; ;,	17 557 23
MG	RM (Print Title)		EJ AN
of this limited liab resignation in wri	pility company and affirm the limited liability company has bee iting.	n notified	
l'm	anaud		
Signature of Di	ssociating Member or Resigning Manager		
Filing Fee:	\$25.00 (Required) \$30.00 (Optional)		