# L18000682332

(Requestor's Name)				
(Address)				
(Address)				
(Cit	y/State/Zip/Phone	<del>= #)</del>		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				
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### **COVER LETTER**

TO: Registration Section Division of Corporations	,
SUBJECT: Mason Academy LLC Name of Limited Liability	
•	Company
DOCUMENT NUMBER: L18000082332	
The enclosed Resignation of Registered Agent for a Limited for filing.	Liability Company and fee are submitted
Please return all correspondence concerning this matter to the	ne following:
United States Corporation Agents, Inc.	
Name of Person	•
Legalzoom.com, Inc.	
Name of Firm/Company	•
101 North Brand Blvd. 11th Floor	
Address	•
Glendale, CA 91203	
City/State and Zip Code	
raresignations@legalzoom.com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
at ( 800	773-0888
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

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

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

Pursuant to the provis	iions of section 605.0115, Florida Statute	es, the undersigned,	
United States Co	rporation Agents, Inc.	, hereby resigns as	- <u> </u>
Name of Registered Agent		, nereby resigns as	
Registered Agent for Mason Academy LLC			=
g			AIN 6: 144
	Name of Limited Liability Comp	any	<del></del>
L18000082332			
Document	Number, if known		
A copy of this resigna	ation was mailed to the above listed limite	ed liability company at its last know	n address.
The agency is termina	ated and the office discontinued on the 31	st day after the date on which this s	tatement is filed.
	Signature of Resig	ning Agent	
If signing on behalf o	f an entity:		
	Cheyenne Moseley		
	Typed or Printed Nam	e	
	Asst. Secretary for United States Corp	poration Agents, Inc.	

**FILING FEES:** 

Capacity

\$ 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