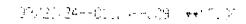
L20000128375

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COVER LETTER

TO: Registration Section Division of Corporations	
MASSON LANDSCAPING SERVICES LLC SUBJECT:	
Name of Limited Liability	Company
DOCUMENT NUMBER: 1.20000128375	
The enclosed Resignation of Registered Agent for a Limite for filing.	d Liability Company and fee are submitted
Please return all correspondence concerning this matter to t	he following:
Ryan Potter	
Name of Person	_
ZenBusiness Inc.	
Name of Firm/Company	_
336 E. College Ave. Suite 301	
Address	_
Tallahassee, FL 32301	
City/State and Zip Code	_
ra@zenbusiness.com	
E-mail address: (to be used for future annual report notification)	_
For further information concerning this matter, please call:	
Ryan Potter 844	493-6249
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 The Centre of Tallahassee 2415 N. Monroe Street. Suite 810 Tallahassee, FL 32303

TO:

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	s of section 605.0115, Florida :	Statutes, the undersigned,	
REGISTERED AGENTS	INC.	, hereby resign	1S as
	Name of Registered Agent	(nares) realg.	
Registered Agent for			
MASSON LANDSCAPIN	G SERVICES LLC		
	Name of Limited Liability	y Company	·
1,20000128375			
1xxument Nur	nber, if known		
A copy of this resignation	n was mailed to the above lister	d limited liability company at its	last known address.
The agency is terminated	and the office discontinued on	the 31st day after the date on w	
	Javid Signature	ONEYTS of Resigning Agent	FILED P 20 Mi PLANTING
If signing on behalf of ar	entity:		
	David Roberts		新型 S8
	Typed or Prin	ted Name	,
	Assistant Secretary		
	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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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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Registration Section Division of Corporations

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 **Street Address:**

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ons of section 605.0115, FI	lorida Statutes, the under	rsigned,	
REGISTERED AGENTS INC.			, hereby resigns as	
Name of Registered Agent			, neredy resigns as	
Registered Agent for _				
MASSON LANDSCAP	ING SERVICES LLC			
	Name of Limited	Liability Company	· · · · · · · · · · · · · · · · · · ·	
L20000128375				
Document N	lumber, if known	-		
A copy of this resignat	ion was mailed to the abov	e listed limited liability	company at its last known address.	
The agency is terminat	ed and the office discontin	ued on the 31st day afte	r the date on which this statement is filed.	
	Sig	VID PYTS inature of Resigning Agent		
If signing on behalf of	an entity:	•		
	David Roberts			
	Typed	or Printed Name		
	Assistant Secretary			
	C	Capacity	 _	

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