121000277720

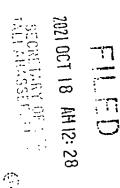
(Re	equestor's Name)	
(Ad	ddress)	
(Ac	ddress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
	b	18/3/
		0

Office Use Only



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COVER LETTER

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

TO: Registration Section Division of Corporations	· -
SUBJECT: 38 L Masons Proper (Name of Limited	Ty Maintenance LLC Liability Company)
The enclosed member, resignation or dissociation	on and fee(s) are submitted for filing.
Please return all correspondence concerning this	s matter to:
Seffrey G. Mason (Contact Person)	
5 81 Mason's Property Mainten (Firm/Company)	ance LIC
2307 Freemason St. (Address)	
Lakeland FL 33804 (City/State and Zip Code)	
For further information concerning this matter,	please call:
Tetrey G. Mason at (Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the \$25 Filing Fee	he Florida Department of State for: 3 \$55 Filing Fee & Certified Copy
Mailing Address: Registration Section Division of Corporations P.O. Box 6327	Street Address: Registration Section Division of Corporations The Centre of Tallahassee

Tallahassee, FL 32314



FILED 2021 OCT 18 AM 12: 28

SECRETARY OF SIME TALLAHASSEE, FILE

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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 li	mited liability company as it appears on the records of the Florida Department
of State is: 5	L Masons Broperty Maintenance LLC
2. The Florida docur	nent/registration number assigned to this limited liability company is:
L210002	77720
3. The date this men	nber/manager withdrew/resigned or will withdraw/resign is: 10/08/2621
4. I. Leeso Ma (Print Na)	So:0, hereby withdraw/resign as a ne of Person Resigning)
A.P	rint Title)
of this limited liabi resignation in writi	lity company and affirm the limited liability company has been notified of my ng.
Lesa Na Signature of Diss	Sociating Member or Resigning Manager
Filing Fee: Certified Copy:	