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Registration Section

Division of Corporations

TO:

SUBJECT: Mitachi Masonal, LLC (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:
Michael Lenning II
Mitachi Masonyuc (Firm/Company)
904 Fastale Avenue
Parama City FL 32401 (City/Style and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (812) 1002 · 9357 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$\sum_{25}\$ Filing Fee \$\sum_{55}\$ Filing Fee & Certified Copy
Mailing Address: Registration Section Street Address: Registration Section

Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

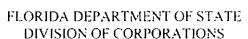
CR2E079 (2/14)

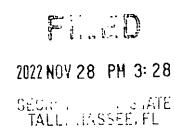
Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327







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

(Pursuant to 605.0216, Florida Statutes)

_	limited liability company as it appears on the records of the Florida Department Nihachi Masanu, uc
2. The Florida doc	ument/registration number assigned to this limited liability company is:
3. The date this me	ember/manager withdrew/resigned or will withdraw/resign is: 11.18.2083
4. 1. Tyler Deprint N	eason, hereby withdraw/resign as a lame of Person Resigning)
	President - MGR. (Print Title)
of this limited lia resignation in wr	bility company and affirm the limited liability company has been notified of my iting.
	Mnmm issociating Member or Resigning Manager
Filing Foo	\$25.00 (Required)
Certified Copy:	\$30.00 (Required) \$30.00 (Optional)