## P03000135452

(Requestor's Name)		
(Address)		
(Hadioss)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Certified copies Certificates of Status		
Special Instructions to Filing Officer:		

Office Use Only



200196998082

03/11/11--01011--020 \*\*35.00



3/101

W (100

## **COVER LETTER**

Division of Corporations
SUBJECT: Mason Residential Framing Inc. (Name of Corporation)  DOCUMENT NUMBER: P03000135452
DOCUMENT NUMBER: 1 03000135752
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Gary A. Mason (Name of Person)
Mason Residential Framing Inc (Name of Firm/Company)
597 Rasley Rd. (Address)
New Snyrna Boh, FL 32168 (City/State and Zip Code)
For further information concerning this matter, please call:
Gary A. Masou at (386) 566-0272 (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payable to the Florida Department of State.

TO:

Amendment Section

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:
Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, Shasta D Mason , hereb	y resign as Vice president (Title)
of Muson Residential Fran (Name of Corporation)	ning Inc
(Document Number, if known)	rganized under the laws of the State of
Florida.	
Shasta D. Ma (Signature of resigning	officer/director)  IN AR II AH 9: 20

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

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