P050008747

(Rec	questor's Name)	
(Add	dress)	
(Add	dress)	,
(City	y/State/Zip/Phone	→ #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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RARES 108.19.13

COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: Masimo Construction Inc	
(Name of Corporat DOCUMENT NUMBER: P0500087767	ion)
The enclosed Resignation of Registered Agent for a Corpor	ation and fee are submitted for filing.
Please return all correspondence concerning this matter to t	he following:
David Manning	
(Name of Person)	-
Dave Manning Enterprises, LLC	
(Name of Firm/Company)	-
4747 Hollywood Blvd # 161	
(Address)	-
Hollywood, Fl 33021	
(City/State and Zip Code)	_
For further information concerning this matter, please call:	
David Manning at 954	254-6389
(Name of Person) (Area Code	& Daytime Telephone Number)
	. 654 . 6 405 50 6

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, Dave Manning Enterprises, LLC
(Name of Registered Agent)
hereby resigns as Registered Agent for Masimo Construction, Inc
(Name of Corporation)
P05000087767
(Document Number, if known)
A copy of this resignation was mailed to the above listed corporation at its last known address.
The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.
(Signature of Resigning Agent)
(Signatur Gring rigotti)
If signing on behalf of an entity:
David L Manning
(Typed or Printed Name)
ಪ
Managing Member
(Capacity)
II.

Fee for filing this document:

\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314