P18000016642

(Re	equestor's Name)	
(Ad	ldress)	-
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
. (D0	ocument Number)	
Certified Copies	Certificates	of Status
Certified Copies	_ Certificates	
Special Instructions to	Filing Officer:	





300418727033

11/14/23--01002--012 **87.50

2023 NOV 14 AM 8: 43

COVER LETTER

TO: Amendment Sect Division of Corpo		
DGC MASON/	ARY INC	
	(Name of Corporation)	
DOCUMENT NUMBER	R: P18000016642	
The enclosed Resignation	on of Registered Agent for a Corporation and fee are submitted	I for filing.
Please return all correspo	ondence concerning this matter to the following:	
(N	Same of Person)	
PINNACLE ACCOUNTING	I LLC	
(Name	e of Firm/Company)	
1013 OHIO AVE		
	(Address)	
PALM HARBOR FL 34683		
(City/S	State and Zip Code)	
For further information c	concerning this matter, please call:	
ANETA GAWLE	727 7731040 at ()	
(Name of		ber)

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Mailing Address:

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

Street Address:

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

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Fursuant to the provisions of sections $607.0503(2)$, $617.0502(2)$, 607.1509 , or 617.1509 .
Torida Statutes, the undersigned, PINNACLE ACCOUNTING LLC
(Name of Registered Agent) MASON CY DCG MASON AND INC
ereby resigns as Registered Agent for (Name of Corporation)
18000016642
(Document Number, if known)
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 his statement is filed. (Signature of Resigning Agent) Signing on behalf of an entity:
ANETA GAWLE (Typed or Printed Name)
(Typed or Printed Name)
(Capacity)

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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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