## P19000092121

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

Office Use Only



500434169605

08/05/24--01006--036 \*\*35.00





## TRANSMITTAL LETTER

Division of Corporations	
MASON JAR III, INC	
	(Name of Corporation)
DOCUMENT NUMBER: P19000092121	
The enclosed Officer/Director Resignation	for a Corporation and fee are submitted for filing.
Please return all correspondence concerning	g this matter to the following:
JULIE RADO	
(Name of Person)	
MASON JAR III, INC	
(Name of Firm/Company)	
3000 NORTH FEDERAL HWY	
(Address)	
FORT LAUDERDALE, FLORIDA 33306	
(City/State and Zip Code)	
For further information concerning this mat	tter, please call:
JESUS RADO	at ( ) 3052789 (Area Code & Daytime Telephone Number)
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payab	le to the Florida Department of State.
Mailing Address: Amendment Section	Street Address: Amendment Section

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

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

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION FILED

JULIE RAĐO I,	VICE AUG -5 PM 3: 38  VICE SERVICES DENT.  , hereby resign as, hereby resign as,
MASON JAR III, INC of(Na	me of Corporation)
P19000092121 (Document Number, if known)	, a corporation organized under the laws of the State of
FLORIDA	

(Signature of resigning officer/director)

## **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