

L050000049082

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

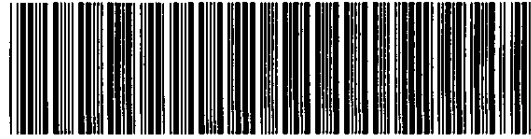
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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** StoneBridge Unlimited LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** 105000049082

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Gretchen-Elizabeth  
Name of Person

Your Attorney Gretchen-Elizabeth  
Name of Firm/Company

P. O. Box 443  
Address

Lithia FL 33547-0443  
City/State and Zip Code

Yourattorneyge@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gretchen-Elizabeth at ( 813 ) 7592222  
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

**MAILING ADDRESS:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 14, 2010

GRETCHEN ELIZABETH  
POST OFFICE BOX 443  
LITHIA, FL 33547-0443

SUBJECT: STONEBRIDGE UNLIMITED, LLC  
Ref. Number: L05000049082

We have received your document for STONEBRIDGE UNLIMITED, LLC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton  
Regulatory Specialist II

Letter Number: 810A00024382

*Thank you*

*Gretchen-Elizabeth*  
*10/19/10*

# RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

Gretchen-Elizabeth, hereby resigns as  
Name of Registered Agent

Registered Agent for Stonebridge Unlimited LLC  
Name of Limited Liability Company

105000049082  
Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company 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.

Gretchen-Elizabeth  
Signature of Resigning Agent

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Capacity

**FILING FEES:**

\$ 85.00 Active limited liability company  
\$ 25.00 Administratively dissolved/ voluntarily dissolved/  
withdrawn limited liability company

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

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
10 OCT 21 PM 3:58