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EXAMINER

COVER LETTER

_	stration Section sion of Corporations	•	
SUBJECT:		Liability Company)	
	(Name of Limited	: Liability Company)	
The enclosed filing.	d member, managing member or ma	anager resignation and fee(s) are submitted	for
Please return	all correspondence concerning this	s matter to:	
Tammy (Cate		
<u> </u>	(Contact Person)	 ,	
Stone Inv	vestments		6 3
	(Firm/Company)	AS LEC	
P.O. Box		AHAS:	2011 JUL -5 PM 1:56
	(Address)	SEC	<i>-</i>
St Pete E	Beach, Fl 33736	, FLO	<u> </u>
	(City/State and Zip Code)	Z Z Z	<u>ක</u> ක
For further in	nformation concerning this matter, p	please call:	
Tammy C	Cate at	463-5079	
(N	ame of Contact Person)	(Area Code & Daytime Telephone Number)	
Enclosed ple	ease find a check made payable to the \$25 Filing Fee	he Florida Department of State for: \$55 Filing Fee & Certified Copy	
STREET/C	OURIER ADDRESS:	MAILING ADDRESS:	
Registration		Registration Section	
Division of (Division of Corporations	
Clifton Build		P.O. Box 6327	
	ive Center Circle Florida 32301	Tallahassee, Florida 32314	

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

	limited liability company as one Investments LLC	s it appears on the records of the Flo	rida Departmen	nt
2. This limited liab	pility company was organized	d under the laws of:		
	ument/registration number o	f this limited liability company is:		
4. I, Tammy Ca	ate	, hereby resign as a Manage	er	
	lame of Person Resigning)	(Pri	int Title)	
of this limited lia resignation in wr		e limited liability company has been	n notified of my	/
Jamm	ala		SECRE	"Lamere
Signature of Res	igning Member, Managing N	Member or Manager	L-5 ASSEE	solet, p
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		PM 1:5	E E