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(Re	equestor's Name)			
(Ac	idress)			
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(Ci	ty/State/Zip/Phone	e #)		
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D BRUCE AUG 17 2021

The Office of Glenn Blackwood 3500 Fairlane Farms Road, Suite 11 Wellington, FL 33414 561-798-5620

July 30, 2021

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

RE: Cornerstone Investments, LLC

Document Number L05000068727

To whom it may concern:

We are submitting the enclosed forms and payment on behalf of the estate of William W. Cunningham III who passed away in March. His estate has requested he be removed as a manager of Cornerstone Investments, LLC. Given that Cornerstone is inactive and it is not our intention to reactivate the entity, I called the Division of Corporations and spoke with Anisa regarding this matter. After consulting with a manager, we were instructed to submit the enclosed form "Dissociation or Resignation of Member, Manager from Florida or Foreign Limited Liability Company" with payment. The form has been signed by Michele Cunningham, wife of Mr. Cunningham and trustee for the estate.

Thank you in advance for your assistance. If you have any questions, please do not hesitate to contact our office at 561-798-5620.

Sincerely,

Kim Lawson

Assistant to Glenn Blackwood

Kim Lawson

561-798-5620

kim.lawson@nfp.com

COVER LETTER

TO:	Registration Section Division of Corporations				
SUB.	CORNERSTONE INVESTMENTS, LLC JECT:				
	(Name of Limited Liability Com	pany)			
The e	enclosed member, resignation or dissociation and fee(s)	are submitted for filing.			
Pleas	e return all correspondence concerning this matter to:				
GLEN	N BLACKWOOD				
	(Contact Person)				
COR	NERSTONE INVESTMENTS, LLC				
	(Firm/Company)	•			
3500	FAIRLANE FARMS ROAD, SUITE 11				
	(Address)	•			
WELI	LINGTON, FŁ 33414		c ⁿ	20	
	(City/State and Zip Code)		TAI €03	2021 AUG	- 4-4
For f	urther information concerning this matter, please call:		HVT	ŀ	() () () () () () () () () ()
KIM	LAWSON (Assistant to Glenn Blackwood) 561 at (798-5620)	ASS 	ω P	. : 1
	(Name of Contact Person) (Area Code	& Daytime Telephone Numb	oer).	PM 6: 54	
	osed please find a check made payable to the Florida D 25 Filing Fee \$55 Filing	epartment of State for: Fee & Certified Copy	<u></u>	45	

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

CR2E079 (2/14)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

(Pursuant to 605.0216, Florida Statutes)

COR	e limited liability company as it	appears on the records of the F	lorida Dep	oartme 	nt -
2. The Florida doc 1.05000068727	ument/registration number assig	gned to this limited liability cor	npany is:		
WILLIAM W. C	ember/manager withdrew/resign CUNNINGHAM III (DECEASED) Name of Person Resigning)			, 2021	-
MANAGER	(Print Title) Ability company and affirm the l			d of m	ıv
recianation in un					
Filing Fee:	\$25.00 (Required) \$30.00 (Optional)	<i>-</i>	ASSEE, FL	3 PM 6: 5	