

JUN-15-2010 11:18

RAFFERTY STOLZENBERG

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 COMM. JOURNAL DATE JUN-08-2010 TIME 10:16  
 MODE & MEMORY TRANSMISSION START JUN-08-21:15 END JUN-08 21:16  
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-RAFFERTY STOLZENBERG-

\*\*\*\*\*-RAFFERTY STOLZEN-\*\*\*\*\*

305 373 2735-\*\*\*\*\*

Division of Corporations

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Florida Department of State  
 Division of Corporations  
 Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the below) on the top and bottom of all pages of the do

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June 15, 2010

Attention: Carolyn

As discussed, I am resubmitting the Resignation of Registered Agent which has not been filed to date.

Please note that the filing fee was deducted from our account on 6/8/10.

Thank you for your help.

Note: DO NOT hit the REFRESH/RELOAD button on your browser. This will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6382

850-245-6030

From:

Account Name : RAFFERTY, STOLZENBERG, GELLES, TENENHOLZ &amp; FLYNN, P.A.

Account Number : 120000000207

Phone : (305) 373-0330

Fax Number : (305) 373-6009

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

LLC REGISTERED AGENT RESIGNATION  
 STONE MANAGEMENT ASSOCIATES LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$85.00

2010 JUN 15 AM 8:25  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

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Corporate Filing Menu

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TB

JUN 16 2010

**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,

THOMAS J. HESS, P.A.

, hereby resigns as

Name of Registered Agent

Registered Agent for

STONE MANAGEMENT ASSOCIATES LLC

Name of Limited Liability Company

L06000030099

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.

THOMAS J. HESS, P.A.

By:

Signature of Resigning Agent

If signing on behalf of an entity:

Thomas J. Hess

Typed or Printed Name

President

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