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SECRETARY OF STATE DIVISION OF CORPORATION

## **COVER LETTER**

for

TO: Registration Section Division of Corporations
SUBJECT: STONESTREET REALTY LLC (Name of Limited Liability Company)
The enclosed member, managing member or manager resignation and fee(s) are submitted filing.
Please return all correspondence concerning this matter to:
Jeff Polashak
(Contact Person)
STONESTREET REALTY LLC
(Firm/Company)
10242 Windermere Chase Blvd
(Address)
Gotha, FL 34734
(City/State and Zip Code)
For further information concerning this matter, please call:
Jeff Polashak at ( 407 ) 656-9834
(Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for:  \$25 Filing Fee \$ Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301  MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 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

1. The name of the limited liability company as of State is: STONESTREET RE		s of the Florida Department
2. This limited liability company was organized FLORIDA	under the laws of:	• • • • • • • • • • • • • • • • • • • •
3. The Florida document/registration number of L06000113576	this limited liability con	mpany is:
4. I, Jacqueline Polashak (Print Name of Person Resigning)	, hereby resign as a	Member (Print Title)
of this limited liability company and affirm the resignation in writing.	e limited liability compa	iny has been notified of my
Signature of Resigning Member, Managing M	had ember or Manager	
	The state of the s	o DIV

Filing Fee: Certified Copy: \$25.00 (Required) \$30.00 (Optional)