LD700035057

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SECTION AND SEED TO CORDA

COVER LETTER

Division of Corporations
SUBJECT: Stone Consultants, LLC (Name of Limited Liability Company)
(Frame of Difficed Littories' Company)
The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:
John C. Williams, M.D.
(Contact Person)
Beaches Urology
(Firm/Company)
1370 13th Avenue South Suite 115
(Address)
Jacksonville Beach, FL 32250 (City/State and Zip Code)
For further information concerning this matter, please call:
Ada Hammond at 904 358-7400
(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 \$55 Filing Fee &
Certified Copy
STREET/COURIER ADDRESS: MAILING ADDRESS:
Registration Section Registration Section
Division of Corporations Clifton Building Division of Corporations P.O. Box 6327
Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314
Tallahassee, Florida 32301

CR2E079 (5/06)



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SECRETARY CIT STATE
TALLAHASSEE, FLORIDA

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 it	
of State is: Stone Consultants, LLC	· · · · · · · · · · · · · · · · · · ·
2. This limited liability company was organized un Florida	ider the laws of:
3. The Florida document/registration number of the L07000035057	is limited liability company is:
_{4. I,} John C. Williams, M.D.	, hereby resign as a Manager/Member
(Print Name of Person Resigning)	(Print Title)
of this limited liability company and affirm the li resignation in writing,	mited liability company has been notified of my
The Whilliams	
Signature of Resigning Member, Managing Men	nber or Manager
Filing Fee: \$25.00 (Required)	
Certified Copy: \$30.00 (Optional)	