L07000094435

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			

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EXAMINER

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SECRETARY OF STATE LLAHASSEE, FLORIDA 2008 JAN 15 PM 1:

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: TEN Stonecrete I (Name of Limited)	Wign LLC Liability Company)
The enclosed member, managing member or man filing.	nager resignation and fee(s) are submitted for
Please return all correspondence concerning this	matter to:
Jessica Light (Contact Person)	
TEN Stonecicte Deigh (Firm/Company)	LLC
655 Cake Mills Rd (Address)	
Chulusta Fi 32766 (City/State and Zip Code)	
For further information concerning this matter, p	lease call:
	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the \$25 Filing Fee	e Florida Department of State for: \$55 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

	limited liability company as FN Honecrele Des	• •	of the Florida Department
2. This limited lial	oility company was organized	d under the laws of:	
	ument/registration number o	·	•
of this limited lia resignation in w	bility company and affirm th	e limited liability compan	Manager M6RM. (Print Title) y has been notified of my
	\$25.00 (Required) \$30.00 (Optional)		20 TA

AN 15 PH 1: