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SECRETARY OF STATE

JAN 12 ZOIS
T. CARTIER

## **COVER LETTER**

Division of Corporations	
SUBJECT: Nature Coast + (Name of Lie	Mc a Stone Installations 11c mited Liability Company)
The enclosed member, resignation or dissoc	ciation and fee(s) are submitted for filing.
Please return all correspondence concerning	g this matter to:
Stephen woodbury (Contact Person)	···-··································
Noterre Coast tile & Stone (Firm/Company)	Installations 110
2401 10th St. West (Address)	<del> </del>
Palmetto Fl. 34221 (City/State and Zip Code)	
For further information concerning this mat	ter, please call:
(Name of Contact Person)	at ( 127 ) 515 5842 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable \$25 Filing Fee	to the Florida Department of State for:  \$\sim\$ \$\sim\$ \$\\$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section Division of Corporations	Registration Section Division of Corporations
Division of Corporations	Division of Corporations

P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (2/14)

Clifton Building

2661 Executive Center Circle

Tallahassee, Florida 32301

TO: Registration Section



FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA

15 JAN -7 PM 4: 06

## 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)

1. The name of the limited liability company as it appears on the records of the Florida Department
of State is: Nature Coast tile a Stone Installations 11c.
2. The Florida document/registration number assigned to this limited liability company is:
L08000045767
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 11 43/14
4. I, Mitchell Scott , hereby withdraw/resign as a (Print Name of Person Resigning)
Manager (Print Title)
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.
Wither Real
Signature of Dissociating Member or Resigning Manager
Filing Fee: \$25.00 (Required)

Certified Copy:

\$30.00 (Optional)