(Re	equestor's Name)		
(Ad	dress)		
(Ad	dress)		_
(Cit	ty/State/Zip/Phone	· #)	_
•	•	,	
PICK-UP	☐ WAIT	MAIL	
_	<u> </u>	_	
(5)			_
(Bu	siness Entity Nam	ie)	
			_
(Do	cument Number)		
Certified Copies	_ Certificates	of Status	_
Special Instructions to	Filing Officer		٦
Special instructions to	riing Oncer.		
			١
!			ŀ
	· · · · · ·		

Office Use Only



600180622106

05/12/10--01020--003

+00189, 100524, 00677



FLORIDA DEFARTMENT OF STATE Division of Corporations

May 17, 2010

Alan M. Stein Alan M. Stein Accounting & Tax Service 3930 E. State Road 64 Bradenton, FL 34208

SUBJECT: MORSE TILE & STONE, LLC

Ref. Number: L08000084933

We have received your document for MORSE TILE & STONE, LLC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above entity is a limited liability company and the document submitted is for a corporation. The correct form is enclosed for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6907.

Annette Ramsey Regulatory Specialist II

Letter Number: 210A00012389



COVER LETTER

Division of Corporations
SUBJECT: MORSE TILE & STONE, LLC Name of Limited Liability Company
DOCUMENT NUMBER: L08000084933
The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
ALAN M STEIN Name of Person
ALAN M STEIN ACCOUNTING & TAX SERVICE INC Name of Firm/Company
3930 E STATE ROAD 64 Address
BRADENTON FL 34208 City/State and Zip Code
STEINACCOUNTING@YAHOO.COM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
ALAN M. STEIN at (941) 749-5364 Name of Person Area Code & Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:

TO:

Amendment Section

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

	ALAN M STEIN	, hereby resigns as	
	Name of Registered Agent		#
Registered Agent for	MORSE	TILE & STONE, LLC	<u>~</u>
	Name of Limited Liability C	ompany	_,
L08000	0084933		
Document Nu	imber, if known		
A copy of this resignation	on was mailed to the above listed li	mited liability company at its last known address	3.
The agency is terminate	d and the office discontinued on th	e 31st day after the date on which this statement	is filed.
	Signature of	Resigning Agent	
If signing on behalf of a	n entity:		
	Typed or Printed	Name	
	Capacity		

FILING FEES:

\$ 85.00 Active limited liability company
\$ 25.00 Administratively 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