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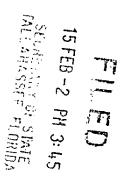
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificate	s of Status
Special Instructions to	Filing Officer:	





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COVER LETTER

CR2E079 (2/14)

	gistration Section vision of Corporations				
SUBJEC	Wood & Stone of Naples				
	(Name of Limit	ed Liability Cor	mpany)	•	
The enclo	sed member, resignation or dissocia	tion and fee(s	s) are submitted for filing.		
Please ret	urn all correspondence concerning the	his matter to:			
Seth Enl	ow				
	(Contact Person)		32		
Wood & Stone of Naples			5 FEB	•	
	(Firm/Company)		- (の) いうふ ですべ	-2	į.
1160 22	nd ave N		ੁੱ <u>ਦਾ</u> _	PM 3: 4:	
	(Address)		ORIE ORIE	ئ. ئ	•
Naples,	FL 34103		A	CT	
	(City/State and Zip Code)		-		
For further	r information concerning this matter	r, please call:			
Seth Enl	ow	239	431-0263		
	(Name of Contact Person)	<u> </u>	& Daytime Telephone Number)	-	
Enclosed \$25 File	please find a check made payable to ing Fee		Department of State for: g Fee & Certified Copy		
Registrati Division of Clifton Bi 2661 Exe	COURIER ADDRESS: on Section of Corporations uilding cutive Center Circle ee, Florida 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		



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)

	e limited liability company as it appears on the records of the Florida Department od & Stone of Naples
2. The Florida doc	ument/registration number assigned to this limited liability company is:
4. I, Rob L Mauc	eli, hereby withdraw/resign as a
Member	tame of terson resigning
	(Print Title)
of this limited lia resignation in w	ability company and affirm the limited liability company has been notified of my riting.
Signature of D	issociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)