

L11000050072

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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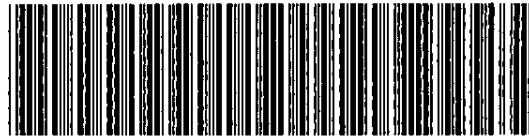
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 DEC 29 PM 12:09

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T. CLINE


JAN - 3 2012

EX-100

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: STONE VENTURE GROUP, LLC
Name of Limited Liability Company

*Thank you!
Happy New Year!*


The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Beverly Blair

Name of Person

Firm/Company

2362 SE 17th Terrace

Address

Homestead, FL 33035

City/State and Zip Code

bblair@virteainc.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Beverly Blair

Name of Person

at (305)

257-7077

Area Code & Daytime Telephone Number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 DEC 29 PM 12:39

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Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

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

STONE VENTURE GROUP, LLC

Page 1 of 2

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Arista Capital Group, LLC	115 Old Kings Hwy. South Darien, CT 06820	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Outrigger Investments, Inc.	115 Old Kings Hwy. South Darien, CT 06820	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
(PLEASE REMOVE)			
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated 12/21, 2011

Signature of a member or authorized representative of a member

James M. Reardon, Member

Typed or printed name of signee