

L12000094614

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300268541483

01/30/15--01003--009 **25.00

FILED
15 JAN 30 AM 10:59
SECURITY STATE
TALLAHASSEE, FLORIDA

FEB 03 2014

G. CARROTHERS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Stonecrafters & Design LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L12000094614

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:

Joseph J Zejavac

Name of Person

Accounting Connections LLC

Name of Firm/Company

3011 Manatee Ave W

Address

Bradenton, FL 34205

City/State and Zip Code

joez@taxally.com

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

For further information concerning this matter, please call:

Joseph J Zejavac

Name of Person

at (941) 748-8299

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

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

STREET ADDRESS:

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

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

Accounting Connections LLC, hereby resigns as
Name of Registered Agent

Registered Agent for **Stonecrafters & Design LLC**

Name of Limited Liability Company

L12000094614

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.


Signature of Resigning Agent

If signing on behalf of an entity:

Joseph U Zejavac

Typed or Printed Name

Managing Member

Capacity

FILING FEES:

\$ 85.00	Active limited liability company
\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

SECRET
TALLAHASSEE, FLORIDA

15 JAN 30 AM 10:59

FILED

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314