

L13000107380

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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JAN 25 2016  
TALLAHASSEE, FLORIDA

JAN 27 2016

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Stones of Madness LLC

(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Scott A Thompson Sr

(Contact Person)

Stones of Madness LLC

(Firm/Company)

4603 SW 25th Ct

(Address)

Cape Coral FL 33914

(City/State and Zip Code)

For further information concerning this matter, please call:

Scott A Thompson Sr

(Name of Contact Person)

at 239 872-1870

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**STREET/COURIER ADDRESS:**

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

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: Stones of Madness LLC

2. The Florida document/registration number assigned to this limited liability company is: L13000107380

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 12/31/2015

4. I, Gina M Thompson, hereby withdraw/resign as a  
(Print Name of Person Resigning)

Managing Member

(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Gina M. Thompson

Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)