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(Re	equestor's Name)			
(Ad	ldress)			
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(City/State/Zip/Phone #)				
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COVER LETTER

TO: Registration Section Division of Corporations

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SUBJECT: Maples Tele 2 Stone LLC
(Name of Limited Liability Company)

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

Please return all correspondence concerning this matter to:

Etvan Carlos Reyes

Naples TRIE & Stone LLC

2102 Alamanda Dr-206

Naples TL 34102 (City/State and Zin Code)

For further information concerning this matter, please call:

(Name of Contact Person) at (239) 784-7243

(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

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

	limited liability company as it	• •	of the Florida Department		
2. This limited liab	ility company was organized u	nder the laws of:			
3. The Florida document/registration number of this limited liability company is:					
	e Zoode ame of Person Resigning) pility company and affirm the l	, hereby resign as a imited liability company	(Print Title)		
resignation in wr	ting.				
taim (Zua n.		2013 DEC SEGRET PALLAHA		
Signature of Resigning Member, Managing Member or Manager					
	### 00 (P				
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		2:1		
certifica copy.	φροίου (Ohnonar)				