

L13000 150862

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

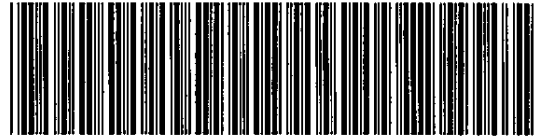
(Document Number)

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D. BRUCE

OCT 06 2016

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** STN properties 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:

Aleksander Rotko

(Contact Person)

STN Properties LLC

(Firm/Company)

148 S Arabella Way

(Address)

St Johns FL 32259

(City/State and Zip Code)

For further information concerning this matter, please call:

Alex Rotko

(Name of Contact Person)

at ( 904 )

814-5436

(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 (2/14)

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2016 OCT -5 P 2:21  
TALLAHASSEE, FLORIDA



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: STN properties LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L13000150862

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 09.30.2016

4. I, Rotko Aleksander, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*  
manager  
*(Print Title)*

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

Signature of Dissociating Member or Resigning Manager

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TALLAHASSEE, FLORIDA

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