13000162200

(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:			
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Requestor's Name)		
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status			
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Address)		
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(A.U		
PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Address)		
PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status			
(Business Entity Name) (Document Number) Certified Copies Certificates of Status	(City/State/Zip/Phone #)		
(Business Entity Name) (Document Number) Certified Copies Certificates of Status	<u> </u>		
(Document Number) Certified Copies Certificates of Status	PICK-UP WAIT MAIL		
(Document Number) Certified Copies Certificates of Status			
(Document Number) Certified Copies Certificates of Status	(Rusiness Entity Name)		
Certified Copies Certificates of Status	(Dusiness Littly Haine)		
Certified Copies Certificates of Status			
· · · · · · · · · · · · · · · · · · ·	(Document Number)		
Special Instructions to Filing Officer:	Certified Copies Certificates of Status		
Special Instructions to Filing Officer:			
Special Instructions to Filing Officer:			
	Special Instructions to Filing Officer:		
	}		
į į			





700280121887

01/04/16--01010--013 **25.00



A BATKEB NAN 0 2 5018

COVER LETTER

TO: Registration Section Division of Corporations

**

SUBJECT: STONES INTERNATIONAL IMPORTS - ST	
Name of Limited Liability DOCUMENT NUMBER: L13000162200	Company
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	e following:
ROBERT WELTON	
Name of Person	
Name of Firm/Company	
1032 1ST STREET S, SUITE 2	
Address	
JACKSONVILLE BEACH, FL 32250	
City/State and Zip Code	
ORDERS@RKWINTL.COM	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
ROBERT WELTON at (904 Name of Person Area Code	372-0699 Daytime Telephone Number
Name of Person 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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florid	a Statutes, the undersigned,
ROBERT WELTON	, hereby resigns as
Name of Registered Agent	,,,
Registered Agent for STONES INTERNATION	AL IMPORTS - STANDARD LLC
Name of Limited Liabi	ility Company,
L13000162200	
Document Number, if known	
. \	of the 11st day after the date on which this statement is filed.
If signing on behalf of an entity:	rep Resigning Agent
Typed or P	Printed Name
Capac	city S

\$ 85.00

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

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