## 4/4000006657

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RA Resign. 11/4/14





October 21, 2014

ERIC BLEVINS 5537 SW 37TH DR. GAINESVILLE, FL 32608

SUBJECT: RJ STAAB STONE COMPANY OF FLORIDA, LLC

Ref. Number: L14000006657

We have received your document for RJ STAAB STONE COMPANY OF FLORIDA, LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$85.00.

There is a fee of \$85.00 due.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6050.

Darlene Connell Regulatory Specialist III

Letter Number: 214A00022559

RECEIVED IN 148

## COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: R.J. Staab Stone (Name of Lim RA RESIGNAT) The enclosed member, resignation or dissoc	Company of Florida, LLC ited Lability Company)  IN after and fee(s) are submitted for filing.
Please return all correspondence concerning  Enc Blussa S  (Contact Person)	this matter to:
(Firm/Company)  5537 Sw 37 <sup>K</sup> Dr  (Address)	
Granegaille FC 3760 (City/State and Zip Code)  For further information concerning this matter	
	at (357) 222-5989 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to \$25 Filing Fee	
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

## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the unc	lersigned,
Kuly Herolerson.	_ , hereby resigns as
Registered Agent Agent Stank Co	impany of
Name of Limited Liability Company	,
UY 0000 U657  Document Number, if known	
A copy of this resignation was mailed to the above listed limited liability	y company at its last known address.
The agency is terminated and the office discontinued on the 31st day aff	ter the date on which this statement is filed.
Signature of Resigning Agent	
If signing on behalf of an entity:	
Typed or Printed Name	
Capacity	· · · · · · · · · · · · · · · · · · ·

### FILING FEES:

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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

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