

214000042559

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DEC 15 2015

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December 9, 2015

Florida Department of State Division of Corporations
Attn: Registration Section/Sheila
P.O. Box 6327
Tallahassee, FL 32314

Re: Withdrawal Statement for Certified Stone, LLC
Florida Document #L14000042559

Dear Sheila:

As per our telephone conversation this afternoon, enclosed please find our Resignation of Registered Agent Form for the above mentioned Limited Liability Corporation signed by the current Registered Agent. Lynn B. Aust, Esq. of Lynn B. Aust, P.L. is withdrawing as Registered Agent for Certified Stone, LLC effective immediately.

I have enclosed check # 6762 for \$60.00 (\$85.00-\$25.00-mailed on 12/2/15) made out to the Department of State for the balance of the required filing fees.

If you have any questions or concerns, please do not hesitate to contact our office.

Thank you.

Sincerely,

A handwritten signature in cursive script that reads "Julie McLean".

Julie McLean
Paralegal
Aust Law Firm

LBA/jam
Enclosures
Cc: Client file

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CERTIFIED STONE, LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L14000042559

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 following:

Lynn B. Aust

Name of Person

Lynn B. Aust, P.L.

Name of Firm/Company

1220 E Livingston Street

Address

Orlando, FL 32803

City/State and Zip Code

doveattorney@austlaw.biz

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lynn B. Aust or Julie McLean

Name of Person

at (407) 447-5399

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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, Florida Statutes, the undersigned,

Lynn B. Aust

, hereby resigns as

Name of Registered Agent

Registered Agent for Certified Stone, LLC

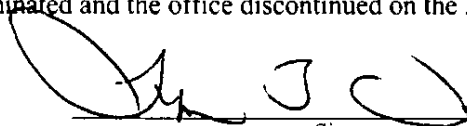
Name of Limited Liability Company

L14000042559

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.



Signature of Resigning Agent

If signing on behalf of an entity:

Typed or Printed Name

Capacity

15 DEC 14 AM 11:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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