# #L14000057703

(Re	questor's Name)			
(Address)				
(Ad	dress)			
(Cit	ty/State/Zip/Phone	· #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nam	ne)		
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				

Office Use Only



000270515720

03/13/15--01010--003 \*\*25.00

BLORLIANY OF STATE
TALLAHASSEE, FLORIDA

13 PK 3: 10

K.SALY EXAMINER APR - 2 2015

#### **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: Bostone 222 (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:		
Patricia Stone (Contact Persón)		
Bastone 11c (Firm/Company)		
9450 11th Street N. APT 107		
St. Petersburg FZ 33716 (City/State and Zip Gode)		
For further information concerning this matter, please call:		
Patricia Stone at (2) 430 - 1835 (Name of Contact Person) (Area Code & Daytime Telephone Number)		
Enclosed please find a check made payable to the Florida Department of State for:  \$\sum_\$\$\sum_\$\$ \$25 Filing Fee & Certified Copy		

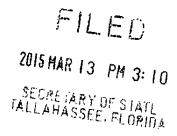
#### STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

CR2E079 (2/14)

#### MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314





### 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 lim	ited liability company as it ap	ppears on the records of the Florida Department
ſ	BASTONE	11/
of State is:	17951010F	<u> </u>
0.77 E) '1 1		1
		ned to this limited liability company is:
L1400	0057703	<b>-</b> ∹
3. The date this member	er/manager withdrew/resigned	ed or will withdraw/resign is: 02/0///5
4. I, Christoph	of Person Resigning)	_, hereby withdraw/resign as a
Man (Prin	a Ge	
of this limited liability	y company and affirm the lim	nited liability company has been notified of my
resignation in writing		
///	11	
(fle		
Signature of Dissoc	ciating Member or Resigning	y Manager
Filing Fee:	\$25.00 (Required)	
	\$30.00 (Optional)	
.,	. ,	

CR2E079 (2/14)