

L14000060136

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

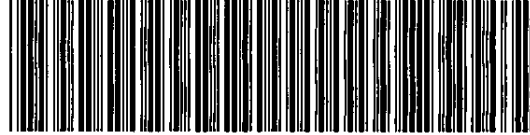
(Business Entity Name)

(Document Number)

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2016 JAN -4 PM 11:06
SILVER SPRING
ALABAMA STATE - LONDON

JAN 06 2016
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: STONES INTERNATIONAL IMPORTS - PLANT 64 LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L14000060136

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:

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

Name of Person

at (904) 372-0699

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

ROBERT WELTON

, hereby resigns as

Name of Registered Agent

Registered Agent for **STONES INTERNATIONAL IMPORTS - PLANT 64 LLC**

Name of Limited Liability Company

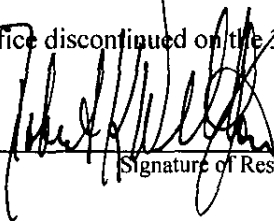
L14000060136

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.

X



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

FILED
2016 JAN -4 AM 11:06
TALLAHASSEE FLORIDA

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