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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: STIDNET Enterpr	ises L.LC.
(Name of Limited Liability Com	npany)
The enclosed member, resignation or dissociation and fee(s)) are submitted for filing.
Please return all correspondence concerning this matter to:	
Margaret W. Stinner (Contact Person)	-
Stinner Enterprises L. (Firm/Company)	L.C.
5932 constitution ST. (Address)	-
AVE MKRIA, FL. 34142 (City/State and Zip Code)	-
For further information concerning this matter, please call:	
James S. Stinnett Largaret M. Stinnett at (231 (Name of Contact Person) (Area Code	\ 392.327l
(Name of Contact Person) (Area Code	& Daytime Telephone Number)
Enclosed please find a check made payable to the Florida D \$\bigsim \\$25 \text{ Filing Fee} \\$55 \text{ Filing}\$	epartment of State for: Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314

Tallahassee, Florida 32301

CR2E079 (2/14)



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	limited liability co	mpany as it appe	ars on the rec	ords of the F	lorida Dep	artment	
of State is:	Timet	Enterpr	118es	٢. ١.,٥	<u>) </u>	·	
2. The Florida docu	ment/registration	number assigned	to this limited	d liability co	mpany is:		
LI50	2000 7212	-7					
3. The date this me	mber/manager wit	hdrew/resigned o	r will withdra	w/resign is:	Lay	21, 3	2016
4. I, James	S.ST.NV ame of Person Resign	ing)	nereby withdra	aw/resign as	a		
Lana	(Print Title)	·					
of this limited lial resignation in wri	oility company and	affirm the limite	ed liability co	mpany has b		an i	
Aar	nl.Lu	out -				MAY 27	".
Signature of Di	ssociating Membe	r or Resigning M	anager				;
Filing Fee:	\$25.00 (Requir	•				3	