L 15000073216

(Re	questor's Name)	
(Ad	dress)	<u>.</u>
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(D.		
(bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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2015 JUL -6 PH 4: 34
SECRETARIES OF STATE

K.SALY EXAMINER 1 0 2015

COVER LETTER

TO: Registration Section

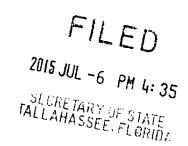
Taliahassee, Florida 32301

CR2E079 (2/14)

Division of C	orporations						
SUBJECT:	STONE	Tree	Proper	dnes, LiL			
	STONE Tree Properties, Lil (Name of Limited Liability Company)						
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.							
Please return all corn	espondence co	ncerning this n	natter to:				
K-mber	(Contact Person)	Bren	<u> </u>				
STONE	Tree (Firm/Common)	Proport	es, LL	C			
8706	53rd	Phace					
	(Address)						
Bradat	on, E	L 3'	12N				
	City/State and Zip C						
For further information concerning this matter, please call:							
Kimberly	lean P	xe 21 Cal (503)	S 37-8943 Daytime Telephone Number)			
(Name of C	ontact Person)	(4	Area Code &	Daytime Telephone Number)			
Enclosed please find ☐ \$25 Filing Fee	a check made			artment of State for: ee & Certified Copy			
STREET/COURIE Registration Section Division of Corporati Clifton Building 2661 Executive Cent	ions	:	Re Di P.	AILING ADDRESS: egistration Section ivision of Corporations O. Box 6327			
==== ==================================	or Chole		Ta	lahassee Florido 20014			

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	limited liability co	mpany as it appea	ars on the records of the Florida	a Department
of State is:	STONE	Tree	Properties, LLC	<u> </u>
2. The Florida doc	ument/registration i	number assigned	to this limited liability compan	y is:
L150	00073211	o		
411 Rac			r will withdraw/resign is: 6	<u>- 30~15</u>
Man	(Print Title)	·		
of this limited linger resignation in w	- , -	affirm the limite	ed liability company has been n	otified of my
Signature of D	lud () Dissociating Member	r or Resigning M	anager	
Filing Fee: Certified Copy:	\$25.00 (Requir \$30.00 (Option	*		