

Division of Corporations

**L1500108713**  
Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : EAGLE TAX REPRESENTATION, CORP.  
Account Number : I20070000037  
Phone : (954)532-3842  
Fax Number : (954)532-3847

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address:

*paulo@eagle-tax.com*

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
STRONG STONE, LLC**

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2016 MAY -9 AM 10:51  
2016 MAY -9 A 9:24  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAY 10 2016  
J. BRUCE

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** STRONG STONE, LLC

(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:

Paulo Oliveira

(Contact Person)

Eagle Tax Representation, Corp

(Firm/Company)

5493 Wiles Road Suite 105

(Address)

Coconut Creek, FL 33073

(City/State and Zip Code)

For further information concerning this matter, please call:

Paulo Oliveira, EA

(Name of Contact Person)

at ( 954 ) 532-3842

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**STREET/COURIER ADDRESS:**

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

**MAILING ADDRESS:**

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

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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 company as it appears on the records of the Florida Department of State is: STRONG STONE, LLC
2. The Florida document/registration number assigned to this limited liability company is:  
L15000168713
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 04-26-2016
4. I, ALCEMAR G DA SILVA, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*  
AMBR  
*(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

A handwritten signature in black ink, appearing to read "Alcemar G da Silva", is written over a horizontal line.

Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)

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