

# L16000070203

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(Requestor's Name)

\_\_\_\_\_  
(Address)

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(Address)

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(City/State/Zip/Phone #)

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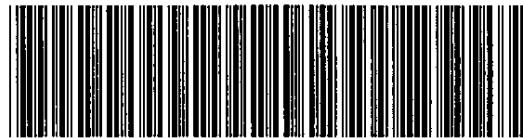
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** STEPPING STONES OF OCALA LLC

Name of Limited Liability Company

**DOCUMENT NUMBER:** L16000070203

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:

TERESA CHAPELL

Name of Person

STEPPING STONES OF OCALA, LLC

Name of Firm/Company

990 NW 52ND AVE

Address

OCALA, FL, 34482

City/State and Zip Code

cprecious196@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TERESA CHAPELL

at (352) 361-8837

Name of Person

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
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# STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

**JONATHAN FRANK THOMAS**

\_\_\_\_\_  
Name of Registered Agent

, hereby resigns as

Registered Agent for **STEPPING STONES OF OCALA LLC**

\_\_\_\_\_  
Name of Limited Liability Company

**L16000070203**

\_\_\_\_\_  
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.

  
\_\_\_\_\_  
Signature of Resigning Agent

If signing on behalf of an entity:

**JONATHAN THOMAS**

\_\_\_\_\_  
Typed or Printed Name

  
\_\_\_\_\_  
Capacity

16 SEP 16 PM 4:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## **FILING FEES:**

\$ 85.00	Active limited liability company
\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

**Make checks payable to Florida Department of State and mail to:**

**Division of Corporations**

**P.O. Box 6327**

**Tallahassee, FL 32314**