## L16000070203

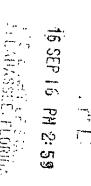
(Re	questor's Name)				
(Address)					
(Ad	dress)				
(City/State/Zip/Phone #)					
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(Bu	siness Entity Nar	ne)			
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## **COVER LETTER**

TO:	Registration Section Division of Corporations	· ·				
SUBJ	STEPPING STONES OF O	CALA LLC				
		(Name of Limited Liability Company)				
The e	nclosed member, resignation or dissoci	ation and fee(s	) are submitted for filing.			
Please	e return all correspondence concerning	this matter to:				
TERE	ESA CHAPPELL					
	(Contact Person)		_			
STER	PPING STONES OF OCALA LLC					
-	(Firm/Company)		_			
990 (	OCALA,FL,					
	(Address)		_			
OCA	LA, FL,34482					
	(City/State and Zip Code)		_			
For fu	arther information concerning this matte	er, please call:				
JONA	ATHAN THOMAS	352 at (	277-2919			
	(Name of Contact Person)	(Area Code	& Daytime Telephone Number)			
	sed please find a check made payable to 5 Filing Fee		Department of State for: g Fee & Certified Copy			
	EET/COURIER ADDRESS:		MAILING ADDRESS:			
_	tration Section		Registration Section			
	ion of Corporations on Building		Division of Corporations P.O. Box 6327			
	Executive Center Circle		Tallahassee, Florida 32314			
	nassee, Florida 32301		i ananassee, i nonda 52517			

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 company as	it appears on the records of the Flor	rida Dep	artme	ent
of State is:	PPING STONES OF OCA	LA LLC	3.1	······································	•
		signed to this limited liability comp	any is:	SEP 16 PM	
4. I,	THOMAS	gned or will withdraw/resign is:, hereby withdraw/resign as a	/07/201	163	र स्व हरू
	(Print Title)				
resignation in wri	*	e limited liability company has been	i notifië	d of n	ıy
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)				