L17000210557

(5)
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(200,000 2,111,) 1,000,00
(Document Number)
(Bocument Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

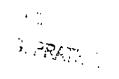




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2019 APR 22 PM 5: 08



COVER LETTER

TO: Registration Section Division of Corporations	•	
SUBJECT: CORNERSTONE ENTERP	RISES OF AME	RICA LLC
SUBJECT: Name of	f Limited Liability	Company
DOCUMENT NUMBER: L1700021055		
The enclosed Resignation of Registered Agriculture filing.	gent for a Limited	Liability Company and fee are submitted
Please return all correspondence concerning	g this matter to th	e following:
United States Corporation Agents, Inc.	,	
Name of Person		
Legalzoom.com, Inc.		
Name of Firm/Company		
9900 Spectrum Dr.		
Address		
Austin, TX 78717		
City/State and Zip Code		
E-mail address: (to be used for future annual)	report notification)	
For further information concerning this ma	itter, please call:	
Kasandra Lund	1 800	773-0888 x3951 Daytime Telephone Number
Name of Person	Area Code	Daytime Telephone Number
Enclosed is a check made payable to the Fl liability company or \$25.00 for an adminis liability company.	lorida Department tratively dissolve	of State for \$85.00 for an active limited I. voluntarily dissolved or withdrawn limited

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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisi	ons of section 605.0115, Florida Statutes, the	undersigned.			
United States Corporation Agents, Inc.		, hereby resigns as			
	Name of Registered Agent				
Registered Agent for _	CORNERSTONE ENTERPRISES OF	AMERICA LLC			
	Name of Limited Liability Company				
L17000210557					
Document?	sumber, if known				
A copy of this resignat	ion was mailed to the above listed limited liab	oility company at its last k	cnown addre	88.	
The agency is terminal	ed and the office discontinued on the 31st day	y after the date on which t	this statemer	nt is fi	led.
	Signature of Resigning A	gent	TAI	2019 APR 22	* * F
If signing on behalf of	an entity:		į.	₽	Carrana R B
	Cheyenne Moseley		ARASSES.	22	THE STATE OF
	Typed or Printed Name		85. S	- P	
	Asst. Secretary for United States Corporation	on Agents, Inc.	m _e -	PH 5: 0	
	Capacity		75	: 0	

Make checks payable to Florida Department of State and mail to: Division of Corporations

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

P.O. Box 6327

Tallahassee, FL 32314