L17000224956

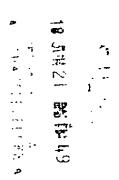
(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						

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COVER LETTER

TO:	_	stration Section sion of Corporations						
	DIVIS	non or corporations						
SUBJ	ECT:	APH Stone LLC						
		(Name of Limited Liability Company)						
The ei	nclosec	d member, resignation or disso-	ciation and fee(s) are submitted for filing.				
Please	e return	all correspondence concerning	g this matter to:					
A. Jo	hn Mu	inoz						
		(Contact Person)		_				
		(Firm/Company)	- Pille er-	-				
8613	Villa l	∟argo Drive						
		(Address)		-				
Tamı	pa FL	33614						
	-	(City/State and Zip Code)		-				
For fu	irther ii	nformation concerning this ma	tter, please call:					
A. Jo	hn Mu	inoz	813 at (493-9315				
	(N	ame of Contact Person)		& Daytime Telephone Number)				
	sed ple 5 Filing	ease find a check made payable g Fee		Pepartment of State for: Fee & Certified Copy				
		OURIER ADDRESS:		MAILING ADDRESS:				
-		Section		Registration Section				
	ion of C in Build	Corporations		Division of Corporations P.O. Box 6327				
		ive Center Circle		Tallahassee, Florida 32314				
		Florida 32301						

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	e limited liability company as	it appears on the records of	the Florida De	partm	ent
of State is: API	H Stone LLC				
2. The Florida doc L1700022495	eument/registration number as 56	ssigned to this limited liabil	ity company is:		
3. The date this m	ember/manager withdrew/res	igned or will withdraw/resig	gn is:)18	_
4. I, hereby withdraw/resi			gn as a		
	Name of Person Resigning)	,,,	G		
Manager					
	(Print Title)				
of this limited lia resignation in w	ability company and affirm th	e limited liability company	has been notifi	ed of r ■	my
a G	In murog			12 ES	
Signature of D	issociating Member or Resig	ning Manager	773 773 770 770	HD.	
Filing Fee:	\$25.00 (Required)		्रेस्ट्रे • र इंट	61 3	
Certified Conv.	\$30.00 (Ontional)		. :>	_	