117000 239524

| (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: |
| |
| |
| |
| |





000313349310

05/17/18--01019--018 **25.00



COVER LETTER

TO: Registration Section Division of Corporations

Tallahassee, Florida 32301

CR2E079 (2/14)

| SUBJECT: CANTERBURY B | URNSTONE TNOUSTRIES L |
|---|--|
| (Name of Lin | ited Liability Company) |
| The enclosed member, resignation or dissoci | ation and fee(s) are submitted for filing. |
| Please return all correspondence concerning | this matter to: |
| ALLAN S. BURNLEY (Contact Person) | |
| (Contact Person) | |
| CANTERBURY BURNSTON | VE TNOVSTRIES LLC |
| (Firm/Company) | |
| 6441 S.W. 164 COUR | <i></i> |
| (Address) | |
| MiAmi, FL 33/93 (City/State and Zip Code) | |
| (City/State and Zip Code) | |
| For further information concerning this matt | er, please call: |
| ALLAN S. BURNLEY | at (<u>305</u>) <u>8/0</u> <u>9697</u> (Area Code & Daytime Telephone Number) |
| (Name of Contact Person) | (Area Code & Daytime Telephone Number) |
| Enclosed please find a check made payable t | o the Florida Department of State for: |
| S25 Filing Fee | □ \$55 Filing Fee & Certified Copy |
| STREET/COURIER ADDRESS: | MAILING ADDRESS: |
| Registration Section | Registration Section |
| Division of Corporations | Division of Corporations |
| Clifton Building 2661 Executive Center Circle | P.O. Box 6327 Tallahassee, Florida 32314 |
| 2001 Eliconitie Collice Citolo | 101101102200, 11011010 22211 |



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)

| | | | 11 July 12 12 12 12 12 12 12 12 12 12 12 12 12 |
|--|----------------|--------------------------|--|
| 1. The name of the limited liability company as it app | ears on the | e records of the Florida | Department |
| of State is: CANTERBURY BURNS | TONE | TNDVSTRIES | LLC. |
| 2. The Florida document/registration number assigne | d to this lin | mited liability company | is: |
| 617000239524 | | | |
| 3. The date this member/manager withdrew/resigned | or will wit | hdraw/resign is: 4/ | 2/18 |
| 4.1. Connie BURNLEY (Print Name of Person Resigning) | , hereby wi | thdraw/resign as a | |
| MANAGER | | | |
| (Print Title) | | | |
| of this limited liability company and affirm the lim resignation in writing. | ited liability | y company has been no | tified of my |
| Conne Buenles | | | |
| Signature of Dissociating Member or Resigning | Manager | | |
| Filing Fee: \$25.00 (Required) | | | |

\$30.00 (Optional)

Certified Copy: