1180000 76990

| (Requestor's Name) |
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| (Address) |
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| (Addiess) |
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| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
| (Dusiness Linity Name) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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U4/22/19--01023--026 **25.00







COVER LETTER

| VERSATILE & STONE, LLC | | | |
|---|---|--|---|
| Name of | Lim | ited Liabilit | y Company |
| ENT NUMBER: L18000076990 |) | | |
| sed Resignation of Registered Ago | ent f | or a Limite | d Liability Company and fee are submitted |
| urn all correspondence concerning | this | matter to t | he following: |
| States Corporation Agents, Inc. | | | |
| Name of Person | | | - |
| om.com, Inc. | | | |
| Name of Firm/Company | | | - - |
| ectrum Dr. | | | |
| Address | | <u></u> | - |
| X 78717 | | | |
| City/State and Zip Code | | | - |
| | | | |
| l address: (to be used for future annual re | ort r | otification) | - |
| r information concerning this matt | er. p | lease call: | |
| a Lund | | 1 800 | ्773-0888 x3951 |
| Name of Person | _ 211 (| Area Code | Daytime Telephone Number |
| 1) | sed Resignation of Registered Age urn all correspondence concerning tates Corporation Agents, Inc. Name of Person om.com, Inc. Name of Firm/Company ectrum Dr. Address X 78717 City/State and Zip Code address: (to be used for future annual reprint information concerning this matter) | sed Resignation of Registered Agent for all correspondence concerning this tates Corporation Agents, Inc. Name of Person om.com, Inc. Name of Firm/Company ectrum Dr. Address X 78717 City/State and Zip Code address: (to be used for future annual report in a principle of the concerning this matter, person of the concerning this matter. | sed Resignation of Registered Agent for a Limite arm all correspondence concerning this matter to to tates Corporation Agents, Inc. Name of Person om.com, Inc. Name of Firm/Company ectrum Dr. Address X 78717 City/State and Zip Code address: (to be used for future annual report notification) or information concerning this matter, please call: a Lund 1 800 |

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

INHS17 (2/14)

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

| Pursuant to the provisi | ons of section 605.0115, Florida Statutes, the under | signed, | |
|--|--|-------------------------------------|------------|
| United States Corporation Agents, Inc. | | hereby resigns as | |
| | Name of Registered Agent | nercov resigns as | |
| Registered Agent for _ | VERSATILE & STONE, LLC | | |
| | Name of Limited Liability Company | | |
| L18000076990 | | | |
| Document N | Sumber, if known | | |
| A copy of this resignat | ion was mailed to the above listed limited liability c | ompany at its last known address. | |
| The agency is terminate | ed and the office discontinued on the 31st day after | the date on which this statement is | filed. |
| | Signature of Resigning Agent | OI9 APR 22 F TĂCLUARÀS | · M |
| If signing on behalf of an entity: | | €a | <u>[]]</u> |
| | Cheyenne Moseley | ्राह्म सिंद्य ग | |
| | Typed or Printed Name | | |
| | Asst. Secretary for United States Corporation Age | nts. Inc. | |
| | Capacity | | |

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