## L18000248973

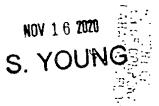
(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						

Office Use Only

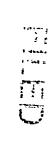


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## **COVER LETTER**

TO:	Regis	stration Section			
	Divis	ion of Corporations			
SUBJE	ECT:	STONES X BONES PRODUCTIO	NS. LLO		
		(Name of Li	mited Lia	ability Co	mpany)
The end	closed	I member, resignation or disso	ciation	and fee(	s) are submitted for filing.
Please	retum	all correspondence concerning	g this m	natter to:	
Anne V.	. Stoke	8			
		(Contact Person)		_	_
Anne V.	. Stoke	s Revocable Trust			
		(Firm/Company)			-
2629 Ar	dsley I	Drive			
		(Address)		-	_
Orlando	. FL 32	2804			
	_	(City/State and Zip Code)			_
For fun	ther ir	nformation concerning this ma	tter, ple	ase call:	
Michael	Arbutl	hnot	9 at (	04	806-1066
	(N	ame of Contact Person)	— ' (A	rea Code	e & Daytime Telephone Number)
Enclose	ed ple	ase find a check made payable	to the	Florida I	Department of State for:
□ \$25	Filing	g Fee	<b>■</b> \$	55 Filin	g Fee & Certified Copy
		<u>ig Address:</u>			Street Address:
		stration Section			Registration Section
		ion of Corporations Box 6327			Division of Corporations The Centre of Tallahassee
		hassee, FL 32314			2415 N. Monroe Street, Suite 810
					Tallahassee, FL 32303



## 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)

Stone	limited liability company as s X Bones Productions, LLC	s it appears on the records of the	e Florida	Depar	tment		
2. The Florida doc	ument/registration number as	ssigned to this limited liability	company	is:			
3. The date this me	mber/manager withdrew/res	igned or will withdraw/resign i	s:	020			
4. I, Anne V. Stokes.	Ph.D.	, hereby withdraw/resign as a					
Member	time of the same semantical						
	(Print Title)						
resignation in wr Au	iting.	e limited liability company has	been not	ified c	of my		
Signature of Di	ssociating Member or Resig	ning Manager		5~3			
_	\$25.00 (Required) \$30.00 (Optional)		7 (28) \$255 \$40 (1) (2) (2) (3) (4) (2) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	2829 OCT -9 PM L			