L19000 254 041

(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:





800337769668

12/09/19--01010--024 **25.00



C Kinsey

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Ston acs Investi (Name of Limited Liability Com	ment Group LL	
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to:		
Vicki Cade + Grant		
Stohaas truestment Gra	rup LLC	
7145-W. HTAVE		
Delray Brach Florida 33444		
For further information concerning this matter, please call:		
(Name of Contact Person) (Name of Contact Person) (Area Code	<u>229 - 8000</u> & Daytime Telephone Number)	
Enclosed please find a check made payable to the Florida Department of State for: 2 \$25 Filing Fee \$\sum \sigma \\$55 Filing Fee & Certified Copy		
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 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)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: Stohas Investment Group L.
2. The Florida document/registration number assigned to this limited liability company is:
L19000254041
3. The date this member/manager withdrew/resigned or will withdraw/resign is:
4. 1. Ambree Monroe hereby withdraw/resign as a (Print Name of Person Resigning)
(Prim Tide)
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing. Signature of Dissociating Member or Resigning Manager
Filing Fee: \$25.00 (Required)
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)
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