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| (Re | equestor's Name) | |
|-------------------------|--------------------|-------------|
| (Ad | ldress) | |
| (Ad | ldress) | |
| (Cit | ty/State/Zip/Phone | e#) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nan | ne) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | - |
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| | Office Use Onl | ٧ |



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R. WHITE MAY 17 2021

COVER LETTER

| Division of Corporations |
|---|
| SUBJECT: Precision StoneWorks LLC (Name of Limited Liability Company) |
| The enclosed member, resignation or dissociation and fee(s) are submitted for filing. |
| Please return all correspondence concerning this matter to: |
| John A Fosker St (Contact Person) |
| frecision Stonewates 11c |
| 6580 Seminole Block lot 534 |
| Seminal / St / 33) Q (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| Sohn Testes at (727) 240 5218 (Name of Contact Person) (Area Code & Daytime Telephone Number) |
| Enclosed please find a check made payable to the Florida Department of State for: |
| □ \$25 Filing Fee & Certified Copy |

Mailing Address:

TO: Registration Section

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

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 | limited liability | company as it | appears on | the records of th | e Florida Depa | artinent |
|--|-------------------|------------------|---------------|-------------------|-----------------|---------------|
| of State is: | | | | LLC | <u> </u> | - |
| 2. The Florida doc | ument/registratio | on number assig | gned to this | limited liability | company is: | |
| 4200000 | 11924 | <u> </u> | · | | | |
| 3. The date this me | ember/manager v | vithdrew/resign | ied or will v | vithdraw/resign | s: 2/17/ | 2021 |
| 4. 1. John Prim A | Foster | | | withdraw/resign | ' / | |
| office of | Print Title) | Sterceark | S | | | (12) |
| of this limited lia resignation in wr | bility company a | and affirm the l | imited liabi | lity company ha | s been notified | of my: |
| _M/hx | 4 | | | • | | 9 7 |
| Signature of Di | ssociating Mem | ber or Resignin | g Manager | | : | 12:91:3 |
| Filing Fee: | \$25.00 (Req | • | | | | |
| Certified Conv: | \$30.00 (Onti | onal) | | | | |