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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
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Certified Copies	_ Certificates	of Status
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Special Instructions to	Filing Officer;	

Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Walstone Development Group LLC
(Name of Lindted Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

William	TOUSECA (Contact Person)	
WALSLONE	Development Group LL	C.
2415 Arch	•	
Nooth X	(Address)	
	(City/State and Zip Code)	

For further information concerning this matter, please call:

WILLIAM TONSECA (at (385-) 413-9510

(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:

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)

	limited liability company	1	ds of the Florida Department	
2. The Florida docu	ment/registration number	r assigned to this limited li	iability company is:	
L22000	077458			
3. The date this mer	nber/manager withdrew/i	resigned or will withdraw/	resign is: <u>May 19</u> 207	12
4. I, WILLIAM	4 FONSECA ome of Person Resigning)	, hereby withdraw.	r/resign as a	
MBG	2			
	Print Title)	٠		
of this limited liab		the limited liability comp	any has been notified of my	
al 6)		是 第2 五 五 五 五 五 五 五 五 五 五 五 五 五	
Signature of Dis	ssociating Member or Res	signing Manager	FILE MY 24	
Filing Fee.	\$25.00 (Required)		PA +	
Certified Copy:	\$30.00 (Optional)		0.00	