L22000294452

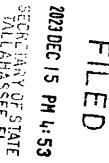
(A)				
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



200420295692

12/15/23--01009--020 **85.00



STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.01	115, Florida Statutes, the under	signed,			
TIME PRO TAX INC		hereby resigns as			
Name of Registered A	gent				
Registered Agent for NATURAL STONE G	ROUP LLC				
21					
Name of L	imited Liability Company				
1.22000294452					
Document Number, if known					
A copy of this resignation was mailed to the	e above listed limited liability c	ompany at its last kr	nown ad	dress.	
The agency is terminated and the office disc	continued on the 31st day after	the date on which th	nis staten	nent is	filed.
file	Muldwoold - Signatus of Resigning Agent				
(Signature of Resigning Agent				
If signing on behalf of an entity:					
EUA	HWE BRAGA- Typed or Printed Name		<u></u>	28.	
Da=	Typed or Printed Name SUDEスT		ACC.	2023 DEC 15	Π
	Capacity		<u>≯</u> 5	C	
			S		
****			333	≆	
FH.DN \$ 85.00 \$ 25.00		npany 1/ voluntarily dissoly y company	FLE	PM 4: 53	

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

COVER LETTER

TO:	Registration Section Division of Corporations		
SHR	JECT: NATURAL STONE GROUP LLC		
.,013	Name of	Limited Liabilit	y Company
DOC	UMENT NUMBER:		
The e	nclosed Resignation of Registered Aging.	ent for a Limite	d Liability Company and fee are submitted
Pleas	e return all correspondence concerning	g this matter to	the following:
ELAB	NE BRAGA		
	Name of Person		_
TIME	PRO TAX INC		
	Name of Firm/Company		_
6750 1	NANDREWS AVE - SET 2004		
	Address		_
FT LA	UDERDALE, FL 33309		
	City/State and Zip Code		_
timepr	otax@timeprotax.com		
<u></u>	-mail address: (to be used for future annual re	port notification)	_
For fu	orther information concerning this mat	ter, please call:	
ELAR	NE BRAGA	561 at (344-4422
	Name of Person	Area Code	Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

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



Department of State / Devision of Corporations / Search Records / Search by Entity Name :

Detail by Entity Name

Florida Limited Liability Company NATURAL STONE GROUP LLC

Filing Information

Document Number

L22000294452

FEI/EIN Number

88-3312464

Date Filed

06/29/2022

00.40,4044

Effective Date

06/29/2022

State

FL

Status

ACTIVE

Principal Address

6750 N ANDREWS AVE

STE 2004

FT LAUDERDALE, FL 33309

Changed: 05/01/2023

Mailing Address

6750 N ANDREWS AVE

STE 2004

FT LAUDERDALE, FL 33309

Changed: 05/01/2023

Registered Agent Name & Address

TIME PRO TAX INC 6750 N ANDREWS AVE

STE 2004

FT LAUDERDALE, FL 33309

Name Changed: 05/01/2023

Address Changed: 05/01/2023

Authorized Person(s) Detail

Name & Address

Title MBR