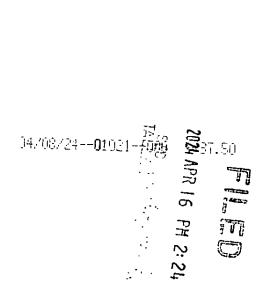


(Red	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to F	Filing Officer:	
	lmile	<u></u>

Office Use Only





COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: Stine KR Ruching LLC (Name of Corporation) DOCUMENT NUMBER: 494000019400	
DOCUMENT NUMBER: 2940000/9400	
The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for fil	ling.
Please return all correspondence concerning this matter to the following:	
SHEVE KUNKE! (Name of Person)	
(Name of Person)	
Sterne KR Recting LLC (Name of Firm/Company)	
(Name of Firm/Company)	
714 Transmitter Rd.	
(Address)	
Parama City FL 3:2401 (City/State and Zip Code)	
For further information concerning this matter, please call:	
(Name of Person) at (£50) 215-71663 (Area Code & Daytime Telephone Number)	

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Mailing Address:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Jennifer R Glass	, hereby resigns as	
	ne of Registered Agent	
Registered Agent for StoneK	R Roofing, LLC	
	Name of Limited Liability Company	
	15 CO 2	
L24000019400	SECCHAPR	
Document Number	if known	
A copy of this resignation w	I the office discontinued on the 31st day after the date on which this statement is	
The agency is terminated and	the office discontinued on the 31st day after the date on which this statement is	
	CRID CRID	
	Signature of Kesigning Agent	
	Signature of realisting rights	
f signing on behalf of an ent	ity:	
	Typed or Printed Name	
	Capacity	
` <u>-</u>		
	FILING FEES:	
• .	\$ 85.00 Active limited liability company	
	\$ 25.00 Administratively dissolved/voluntarily dissolved/ withdrawn limited liability company	

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

INHS17 (2/14)