124000019400

| (Requestor's Name) | |
|---|-----|
| (Address) | |
| (Address) | |
| (City/State/Zip/Phone #) | |
| | AIL |
| (Business Entity Name) | |
| (Document Number) | |
| Certified Copies Certificates of Status _ | |
| Special Instructions to Filing Officer: | |
| | |
| | |
| | |
| Office Use Only | |



95/11/24--01035--017 +*25.00



COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: StoneKR Roofing LLC.

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Steven Kunke

Name of Person

Firm/Company

714 Transmitter Rd. Address

Panama City Fr 32401 CityState and Zip Code

<u>Steveka Stonebrookertenor com</u> E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Faith Cooly

Name of Person

at (850) 215.7663

Area Code & Daytime Telephone Number

<u>Mailing Address:</u> 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

Enclosed is a check for the following amount:

□ \$25 Filing Fee

□ \$55 Filing Fee & Certified Copy

INHS18 (2/14)



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 16, 2024

STONEKR ROOFING LLC 714 TRANSMITTER ROAD PANAMA CITY, FL 32401 US

SUBJECT: STONEKR ROOFING LLC Ref. Number: L24000019400

Our records indicate the registered agent for the above named limited liability company resigned on April 16, 2024 and that the limited liability company currently does not have a registered agent designated.

Chapter 605, Florida Statutes, requires this office to give 60 days notice of our intent to dissolve a limited liability company for failure to appoint and maintain a registered agent.

This letter is our notice of intent to dissolve the above named limited liability company 60 days from the date of this letter if a registered agent is not properly designated.

Please designate a new registered agent by doing one of the following: 1) complete the enclosed registered agent designation form, 2) file the current year annual report (if applicable) or 3) file an amended annual report (again, if applicable). <u>Each one of these filings must be submitted with the appropriate filing fee.</u>

If you should need any further information, please contact our office at (850) 245-6050.

Division of Corporations

Letter Number: 224A00010747

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116. Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

| 1. Name of the limited liability company: Stone KR Roofing 1 | <u></u> |
|---|--|
| 2. (a) Storrekk Roofing (b) | Mailing address of limited liability company: (<u>Note: MAY BE POST OFFICE BOX</u>) |
| Panama Auto 3,2401 | |
| 3. Date of filing/registration in Florida 4. | Document number |
| 5. (a) | - C: |
| Registered Office Address (MUST BE FLORIDA STREET ADDRESS) | 7024 TĂI |
| , FL | S |
| (b) Steven Currel Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> : | |
| <u>NEW</u> Registered Office Address: | DRIDA |
| Panama City, E. 32101 | |
| , FL, | |
| If the limited liability company is not organized under the laws of the State of Flor change or changes are made, the Florida street address of the registered office and agent will be identical. Or, in the case of a Florida limited liability company, it is h was/were authorized by an affirmative vote of the members of the limited liability the articles of organization or the operating agreement of the limited liability comp | the business office of the registered nereby confirmed that the change(s) |
| Signature of a member or authorized representative of a member Steven | rinted or typed name of signee |
| I hereby accept the appointment as registered agent and agree to act in this capac, provisions of all statutes relative to the proper and complete performance of my du the obligations of my position as registered agent as provided for in Chapter 605, H to mereby reflect a change in the registered office address, I hereby confirm that the notified in writing of this change. | |

Division of Corporations P.O. Box 6327 • Tallahassee, FL 32314 **FILING FEE: \$25.00**

Signature of Registered Agent