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COVER LETTER

Division of Corporations	
Must Stone LLC SUBJECT:	
	mited Liability Company)
The enclosed member, resignation or dissoc	ciation and fee(s) are submitted for filing.
Please return all correspondence concerning	g this matter to:
Mustafa Tasci	
(Contact Person)	
(Firm/Company)	
11181 ENGINEERING WAY	
(Address)	
Jacksonville, FL 32256	
(City/State and Zip Code)	
For further information concerning this mat	tter, please call:
Orhan Mutlu	904 401-0959 at ()
(Name of Contact Person)	at () (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable	•
□ \$25 Filing Fee	■ \$55 Filing Fee & Certified Copy
Mailing Address: Registration Section	Street Address: Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314	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 of State is: Must		it appears on the records of the Flori	ida Department
		signed to this limited liability compa	1026 119
4. I, Mustafa Torama	1	gned or will withdraw/resign is:, hereby withdraw/resign as a	
MGR	(Print Title)		•
of this limited lia resignation in wr		e limited liability company has been	notified of my
Signature of Di	ssociating Member or Kesigi	ning Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		