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(Re	equestor's Name)	
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(Ad	ldress)	
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. (Ci	ty/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
		
(Bı	usiness Entity Nam	ne)
		,
. (Do	ocument Number)	
Certified Copies	Certificates	of Status
-		
Special Instructions to	Filing Officer	
-	•	V. HORNE V 25 2024
-	JU	NORNE
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(850) 656-4724

3458 lakesore Drive Tallahassee, FL 32312

Da	ite:	06/24/2024	
		Acc#I20160000072	- a:c DW
Name:	85 Stone Ca	antonment LLC	
Document #:			
Order #:	15696407 -	19	
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: Certified Copy of			
Apostille/Notarial Certification:		Country of Destination: Number of Certs:	
Filing: 🗸	Certified: Plain: COGS:		Email Address for Annual Report Notification
Availability Document Examiner Updater Verifier W.P. Verifier Ref#	Amount: \$	55.00	

Thank you!

COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJ		<u></u>			
	Name of Limited Liability Company				
Dear S	Sir or Madam:				
The er	nclosed Registered Agent/Registered Offi	ce Change and	fee(s) are submitted for filing.		
Please	return all correspondence concerning thi	s matter to the f	following:		
ANTH	IONY CONTARDO				
	Name of Person		~ ~		
RSP C	Companies				
	Firm/Company		_		
3 Colu	umbus Circle, 15th Floor				
	Address		- -		
New Y	ork/New York 10019				
	City/State and Zip Code				
aconta	rdo@rspcompanies.com				
	E-mail address: (to be used for future ann	ual report notifi	cation)		
For fu	rther information concerning this matter,	please call:			
Antho	ny Contardo	212 at (520-6689		
	Name of Person		Area Code & Daytime Telephone Number		
	STREET/COURIER ADDRESS:		AILING ADDRESS:		
	Registration Section Division of Corporations	Registration Section Division of Corporations			
	Clifton Building	P.O. Box 6327			
	2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314			
	Enclosed is a check for the following	amount:			
	□ \$25 Filing Fee	≅ \$5	5 Filing Fee & Certified Copy		
INHSI	8 (2/14)				