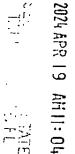
(Requestor's Name)	
(Address)	60042
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	8. Xx. Xx.
	25. X. W
	A XV
Office Use Only	

Office Use Only



600426295706



RECEIVED



CSC - Tallahassee CSC 1201 Hays Street Tallahassee, FL 32301-2607 850-558-1500, Ext:

To: Department Of State, Division Of Corporations

From: Amanda Miller

Ext:

Date: 04/19/24

Order #: 1484393-19

Re: Gm Stone Creations Inc Processing Method: Routine

#### TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Certificate of Agent Resignation

120000000195 Cost Limit::87.56

Cost Limit: 87.50
AUTH Agricultural Control

Please také thể following action: File in your office on basis

Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

# **COVER LETTER**

10:	Amendment Section Division of Corporations
SUBJ	Gm Stone Creations Inc ECT:
00.50	(Name of Corporation)
DOCU	JMENT NUMBER: P12000072710
The e	nclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please	return all correspondence concerning this matter to the following:
RESIC	NATION DEPARTMENT
	(Name of Person)
CORP	ORATION SERVICE COMPANY
	(Name of Firm/Company)
251 LI	TILE FALLS DRIVE
	(Address)
WILM	INGTON, DE 19808
	(City/State and Zip Code)
For fu	rther information concerning this matter, please call:
RESIC	NATION DEPARTMENT 800 927-9801 at (
	(Name of Person) (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

# RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0503(2), 617.0502(2), 607.1509, or 617.1509.

Florida Statutes, the undersigned	CORPORATION SERVICE COMPANY	
Torrad Statement, the undersigned,	(Name of Registered	Agent)
hereby resigns as Registered Agen	Gm Stone Creations Inc	
nereby resigns as registered rigen	(Name of Corporat	ion)
P12000072710		
(Document Number, if known)	<del></del>	
A copy of this resignation was ma	iled to the above listed corporation at	its last known address.
The agency is terminated and the of this statement is filed.	office discontinued on the 31st day at	ter the date on which
	(Signature of Resigning Agent)	· 20
If signing on behalf of an entity:		2024 APR 19
BY KYLE TODD		
	(Typed or Printed Name)	
VICE PRESIDENT		MIII: 04
<del></del>	(Capacity)	

## Fee for filing this document:

\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation

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