## W4000004144

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(City/State/Zip/Phone #)		
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SECRETARY OF STATE
TALL AHASSEE, FLORIDA

T. CLINE

JUN 24 2008

**EXAMINER** 

## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: C. Fazio Contracting	LLC Limited Liability Company)	
(Name of I	Limited Liability Company)	
The enclosed member, managing member filing.	or manager resignation and fee(s) are subn	nitted for
Please return all correspondence concerni	ng this matter to:	
Charles J. Fazio		
(Contact Person)		
C. Fazio Contracting LLC		
(Firm/Company)		
361 Madeira Circle		
(Address)	•	
Tierra Verde, FL 33715		Fo S
(City/State and Zip Code)		
For further information concerning this m	natter, please call:	2000 JUH 23 AM IO: 49 SECRETARY OF STATE ALLAHASSEE, FRORIDA
Daniel Vannoy	<sub>at</sub> (_407 <sub>)</sub> 732-4340	
(Name of Contact Person)	(Area Code & Daytime Telephone Num	iber) 👸 👼 🖫
Enclosed please find a check made payab \$25 Filing Fee	(Area Code & Daytime Telephone Number 1	#15 49 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	3
Clifton Building	P.O. Box 6327	
2661 Executive Center Circle	Tallahassee, Florida 323	14
Tallahassee, Florida 32301		

CR2E079 (5/06)



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

## RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

1. The name of the limited liability company as it a of State is: C. Fazio Contracting LLC	ppears on the records of the Florida Department
2. This limited liability company was organized und Florida	der the laws of:
3. The Florida document/registration number of this L04000004146	- TEC 68 22 22 23 24 25 26 26 26 26 26 26 26 26 26 26 26 26 26
4. I. Jayne E. Fazio	, hereby resign as a MGR Print Title N
(Print Name of Person Resigning)	, hereby resign as a MGR AR CPrint Title 22 23
of this limited liability company and affirm the linguistic resignation in writing.  Signature of Resigning Member, Managing Mem	nited liability company has been notified of my STATE CORID
Filing Fee: \$25.00 (Required)	
Certified Copy: \$30.00 (Optional)	