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(Re	equestor's Name)	
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#### **COVER LETTER**

**Division of Corporations** SUBJECT: Suncoast Constructors and Services, LLC (Name of Limited Liability Company) The enclosed member, resignation or dissociation and fee(s) are submitted for filing. Please return all correspondence concerning this matter to: Kevin Knapp (Contact Person) Suncoast Constructors and Services, LLC P.O Box 21883 (Addresa) Sarasota, FL 34276 (City/State and Zip Code) For further information concerning this matter, please call: Kevin Knapp ) 894-5019 (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee □ \$55 Filing Fee & Certified Copy

SEGRETARY OF SIALLAHASSTE, LOSII

#### STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

TO: Registration Section

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

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 limited liability company as it appears on the records of the Florida Department		
of State is: _SUNCOAST_CONSTRUCTORS AND SERVICES, LLC		
2. The Florida document/registration number assigned to this limited liability company is:		
L04000013650		
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 1/1/2016		
4. I, Colleen Brown , hereby withdraw/resign as a		
(Print Name of Person Resigning)		
MGR (Print Title)		
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.		
Signature of Dissociating Member or Resigning Manager		
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)		

TALLAMADE PH 3: 2

CR2E079 (2/14)