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COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJ		nited Liability Company)
	(Name of Lin	mted Liabinty Company)
The er	nclosed member, resignation or dissoc	iation and fee(s) are submitted for filing.
Please	e return all correspondence concerning	this matter to:
Clark	Monahan	
	(Contact Person)	
116 E	Building, LLC	
	(Firm/Company)	
139 N	Neptune Road	
	(Address)	
Saint	Augustine, FL 32086-6723	
	(City/State and Zip Code)	
For fu	orther information concerning this matt	ter, please call:
Clark	Monahan	904 501-4467
	(Name of Contact Person)	(Area Code & Daytime Telephone Number)
	sed please find a check made payable of Filing Fee	to the Florida Department of State for: \$\square\$ \$\square\$ \$\\$\\$ \$\\$\\$ Filing Fee & Certified Copy
Regist Divisi Clifto 2661	EET/COURIER ADDRESS: tration Section ion of Corporations in Building Executive Center Circle hassee, Florida 32301	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)

		it appears on the records of the Flo	orida Department	
of State is:	Building, LLC, a Florida lir	nited liability company		
2. The Florida doci	ument/registration number as	signed to this limited liability com	ipany is:	
L0500007299	1 	·		
3. The date this me	mber/manager withdrew/resi	gned or will withdraw/resign is: _	05-24-18	
4. 1, Nick K. Konopka , hereby withdraw/resi (Print Name of Person Resigning)		, hereby withdraw/resign as a	1	
(Print N	ame of Person Resigning)			
MGRM				
	(Print Title)			
of this limited lia resignation in wr	, ,	e limited liability company has bee	en notified of my	
Mala	A L M	LAM	201 7AL	
Signature of Di	issociating Member of Resign	ning Manager	ALLAHASS	FILE
Filing Fee:	\$25.00 (Required)		2 / C	
Certified Copy:	• • • • • • • • • • • • • • • • • • • •		AM IO: 4	