115000158119

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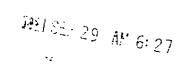
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O SIMMONS

COVER LETTER

_	sion of Corporations			
SUBJECT:	A+ CONCRETE PUMPING LL	.C		
Joban Ci.	(Name of Limited Liability Company)			
The enclosed	I member, resignation or dis	sociation and fee(s	s) are submitted for filing.	
Please return	all correspondence concern	ning this matter to:		
SHAUN NEW	ELL			
	(Contact Person)	· · · · · · · · · · · · · · · · · · ·		
	(Firm/Company)		-	
114 OAKVIE	W CIRCLE			
	(Address)			
LAKE MARY	FL 32746			
	(City/State and Zip Code)		_	
For further in	nformation concerning this i	matter, please call:		
SHAUN NEW	ÆLL.	407 at (669-7272	
()	lame of Contact Person)	(Area Code	& Daytime Telephone Number)	
Enclosed ple ■ \$25 Filin	ease find a check made paya g Fee		Department of State for: g Fee & Certified Copy	
Regi Divis P.O.	ng Address: stration Section sion of Corporations Box 6327 ahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 81 Tallahassee, FL 32303	





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)

	limited liability company as it appears on the records of the Florida Department
of State is: A+ C	ONCRETE PUMPING LLC
2. The Florida doc L15000158119	iment/registration number assigned to this limited liability company is:
3. The date this mo	mber/manager withdrew/resigned or will withdraw/resign is:
4. I. SHAUN NEWE	.hereby withdraw/resign as a ame of Person Resigning)
(Print) MGR (manager)	
	Print Title)
of this limited lia resignation in wr	oility company and affirm the limited liability company has been notified of my ting.
Shan	Nevel/
Signature of D	ssociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)
Dollared Copy	wood (optional)