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(R	equestor's Name)			
(Ac	ddress)			
(Ad	ddress)			
(C	ity/State/Zip/Phone #)		
PICK-UP	☐ WAIT	MAIL		
(Bi	usiness Entity Name)		
(Document Number)				
Certified Coples	ŕ	f Status		
Special Instructions to	Filing Officer:			

Office Use Only



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COVER LETTER

TO:	Registration Section		
	Division of Corporations		
SUBJ	T&T Building Construction LLC		
		imited Liability Cor	mpany)
The e	nclosed member, resignation or disso	ciation and fee(s) are submitted for filing.
Please	e return all correspondence concernin	g this matter to:	
Angel	Pastor Hernandez		
	(Contact Person)		
т&т в	Building Construction LLC		
	(Firm/Company)		_
4906 2	Oth St Ct E		
	(Address)		_
Braden	nton,F1 34203		
	(City/State and Zip Code)		_
For fu	urther information concerning this ma	atter, please call:	
Angel	Pastor Hernandez	941 at (405-8545
	(Name of Contact Person)		: & Daytime Telephone Number)
Enclo	sed please find a check made payable	e to the Florida I	Department of State for:
	5 Filing Fee		g Fee & Certified Copy
	Mailing Address:		Street Address:
	Registration Section		Registration Section
	Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee
	Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810
	. aa.iassee, i E 32317		Tallahassee, FL 32303

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)

	limited liability company a	as it appears on the re	ecords of the F	lorida De	:partn	nent
2. The Florida docu L22000166672	ument/registration number	assigned to this limit	ted liability cor	npany is:		
4. 1, Se Hate Print N Owner / MGR	mber/manager withdrew/re	, hereby witho	draw/resign as	a		
resignation in wr	Print Title) bility company and affirm thing. Company and affirm thing. Company and affirm thing. Company and affirm thing.		ompany has be	SECROTALLY OF STATE	1023 HAR -7 AM 9: 00	my I
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)					