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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone Fax Number

: (850)222-1092 : (850)878-5368

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CABRERA CONSTRUCTION SERVICES LLC

Certificate of Status	0
Certified Copy	1
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T. CLINE DEC 2 2 2009

EXAMINER



## **COVER LETTER**

	gistration Section vision of Corporations		
SUBJECT	P: Cabrera Construction Services LLC		
		ited Liability Company)	
The enclose	sed member, managing member or	manager resignation and fee(s) are submitted t	for
Please reti	uru all correspondence concerning t	this matter to:	
	(Contact Person)	<del></del>	
<u></u>	(Firm/Company)	TALLAH	300 DET
	(Address)	ASSEE, F	DEC 21 A
For further	(City/State and Zip Code) information concerning this matter		M & 21
	(Name of Contact Person)	at ()	
Enclosed p	olease find a check made payable to  \$\square \text{\$\square}\$ \$25 Filing Fee	o the Florida Department of State for: \$55 Filing Fee & Certified Copy	
Registration Division o Clifton Bu 2661 Exec	f Corporations	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
CR2E079 (5/0	6)		



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	imited liability company as it a Construction Services LLC	appears on the records of the Fl	orida Dep	partment 	
2. This limited liabil	ity company was organized u	under the laws of:			
3. The Florida docur <u>M07000006797</u>	nent/registration number of the	his limited liability company is:	SECRETA	2009 DEC 2	And the second
4. I, Steven Musciulli (Print Nat	ne of Person Resigning)	, hereby resign as a Manager a	nd Member	****	THE STATE OF
of this limited liabil resignation in writi	lity company and affirm the	limited lizbility company has be	ر. ن است	y •	, The state of the
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		,		

CR2E079 (5/06)