L01000013337

(Dr	equestor's Name)	
(Re	equestors Name)	
	· ·- ·- ·	
(Ad	ldress)	
		``
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(0.	isiness Entity Name	-)
(80	isiness Entity Name	=)
	•	` .
(Do	ocument Number)	
Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer:	

Office Use Only



100163362311

12/16/09--01031--013 **55.00

O9 DEC 16 AM II: 42
SECRETARY OF STATE

J. BRYAN

DEC 17 2009

EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJ		up LLC ited Liability Company)		
	(Name of Limit	ned Liability Company)		
The enfiling.	nclosed member, managing member or n	manager resignation and fee(s) are submitted fo	r	
Please	return all correspondence concerning the	this matter to:		
Kevi	n Carlo Crousillat	t.	_	
	(Contact Person)	SEC SEC	Š	
СКА	Construction Group LLC	AHASS	ずつしの	
	(Firm/Company)	E C		
3524	NW 10th Avenue	F STAT	nanfc 16 AMII:42	
	(Address)	DA DA	~	
Oakl	land Park, FL 33309			
	(City/State and Zip Code)			
For fu	rther information concerning this matter	er, please call:		
Kevi	n Carlo Crousillat	at (954) 537-4006		
	(Name of Contact Person)	(Area Code & Daytime Telephone Number)		
Enclos	sed please find a check made payable to \$25. Filing Fee	o the Florida Department of State for: \$55 Filing Fee & Certified Copy		
STRE	ET/COURIER ADDRESS:	MAILING ADDRESS:		
_	tration Section	to the control of the		
	on of Corporations	•	Division of Corporations	
	n Building		P.O. Box 6327	
	Executive Center Circle assee, Florida 32301	Tallahassee, Florida 32314		

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

		it appears on the records of t	he Florida Department
of State is: CK	A Construction Group	p, LLC	
-	ility company was organized		O9 DEC 16 A SECRETARY OF TALLAHASSEE,
3. The Florida docu L01000133	·—	f this limited liability compar	OF STATE FLORIDA
4. I, Christine (Crousillat	, hereby resign as a MC	GRM
, 	ame of Person Resigning)		(Print Title)
of this limited liar resignation in wr		ne limited liability company h	as been notified of my
Signature of Resi	igning Member, Managing N	Member or Manager	
Filing Fee:	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		