03000 a 4005

•
(Requestor's Name)
(Address)
(Address)
(1881-2-3)
(City/State/Zip/Phone #)
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•
(Business Entity Name)
(Document Number)
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TALLAHASSEE, FLORIDA

FILED

M. THOMAS AUG 1 2:2009

EXAMINER

COVER LETTER

· TO:

CR2E079 (5/06)

TO: Registration Section Division of Corporations	
SUBJECT: LAMAR CONTRACTING, LLC	
(Name of Limited Liability Co	ompany)
The enclosed member, managing member or manager resifiling.	ignation and fee(s) are submitted for
Please return all correspondence concerning this matter to	:
Lawrence V. Cichanowicz	
(Contact Person)	
Lamar Contracting, LLC	## ##
(Firm/Company)	•
2653 W. Atlantic Blvd.	<u> </u>
(Address)	
Pomapano Beach, FL 33069	
(City/State and Zip Code)	•
For further information concerning this matter, please call	l:
Lawrence V. Cichanowicz at 954	854-1939
(Name of Contact Person) (Area Cod	le & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida \$25 Filing Fee	Department of State for: \$55 Filing Fee &
	Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	limited liability company as it ap		
2. This limited liab	oility company was organized und	er the laws of:	TALCALASS TALCALASS
3. The Florida doc 	ument/registration number of this	limited liability company is:	MII: 33
4. I, Michael J.	Silveri	, hereby resign as a MGRM	·
(Print N	lame of Person Resigning)	(Prir	nt Title)
of this limited lia resignation in wr	bility company and affirm the limiting.	ited liability company has been	notified of my
Signature of Res	igning Member, Managing Memb	er or Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		
Certifica Copy.	wooloo (Ophonai)		