## (03000034031

| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Office Use Only



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**EXAMINER** 

## **COVER LETTER**

| TO: Registration Section Division of Corporations   |
|---|
| SUBJECT: Construction Management Services of PASCO, LLC (Name of Limited Liability Company)   |
| The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.  |
| Please return all correspondence concerning this matter to:   |
| LARRY DALY (Contact Person)   |
| Construction MANAgement Services [5]  |
| POP BOX 145  (Address)  Port Richey, FL 34673  (City/State and Zlip Code)   |
| For further information concerning this matter, please call:  |
| (Name of Contact Person) at (727) 808-2910 (Area Code & Daytime Telephone Number)   |
| Enclosed please find a check made payable to the Florida Department of State for:  \$25 Filing Fee  Certified Copy  |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32301  MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 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

| 1. The name of the lir of State is: | mited liability company as it appears on the records of the Florida Department  NSTRUCTION MANAGEMENT Services of PASCO, LLC   | ,   |
|-------------------------------------|--|-----|
| 2. This limited liabilit            | ty company was organized under the laws of:  |     |
| <u>L0300</u><br>4.1, <u>Kennet</u>  | hent/registration number of this limited liability company is: > A   | ı   |
| resignation in writing              | ity company and affirm the limited liability company has been notified of my ng.  In the limited liability company has been notified of my ng.  In the limited liability company has been notified of my ng.  In the limited liability company has been notified of my ng. |     |
| Filing Fee:<br>Certified Copy:      | \$25.00 (Required)<br>\$30.00 (Optional)   | . 1 |