## L03000046344

(Req	uestor's Name)			
(Add	ress)			
bbA)	ress)			
(City,	/State/Zip/Phone	#)		
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## **COVER LETTER**

TO: Regis	stration Section		
Divis	sion of Corporations		
SUBJECT:	Staff Construction LLC		
	(Name of Lir	nited Liability Cor	mpany)
The enclosed	d member, resignation or dissoc	iation and fee(s	s) are submitted for filing.
Please return	all correspondence concerning	this matter to:	
Michael Sta	aff		
	(Contact Person)		_
Staff Const	ruction LLC		
	(Firm/Company)		<del></del>
432 Palm A	٩v		
	(Address)		~
Ormond Be	each FL32174		
	(City/State and Zip Code)	<del></del>	_
For further i	nformation concerning this mat	ter, please call:	
Michael Sta	aff	386 at (	237-1649
(N	lame of Contact Person)	· \	& Daytime Telephone Number)
Enclosed plo ■ \$25 Filing	ease find a check made payable g Fee	to the Florida I	Department of State for: g Fee & Certified Copy
	OURIER ADDRESS:		MAILING ADDRESS:
Registration	Section Corporations		Registration Section Division of Corporations
Clifton Build	•		P.O. Box 6327
2661 Execut	tive Center Circle Florida 32301		Tallahassee, Florida 32314

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)

1. The name of the limited liability company as it appears on the records of the Florida Depart	ment	
of State is: Staff Construction LLC	:	
2. The Florida document/registration number assigned to this limited liability company is:  L03000046344		
3. The date this member/manager withdrew/resigned or will withdraw/resign is:		
4. I, Stephanie Staff , hereby withdraw/resign as a (Print Name of Person Resigning)		
AMBR .		
(Print Title)		
of this limited liability company and affirm the limited liability company has been notified of resignation in writing.  Signature of Dissociating Member or Resigning Manager	·	
Filing Fee: S25.00 (Required) Certified Copy: \$30.00 (Optional)	17 MAR 16 PM	Occupant of the second