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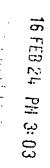
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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FEB 2 9 2016 Y SULKER

COVER LETTER

TO: Registration Section Division of Corporations		~
SUBJECT: C V MAINTENANCE LLC		
(Name of Limi	ited Liability Co	ompany)
The enclosed member, resignation or dissocia	ation and fee	(s) are submitted for filing.
Please return all correspondence concerning	this matter to	:
CHRISTOPHER B VARNES		
(Contact Person)		_
C V MAINTENANCE LLC		
(Firm/Company)		_
12 MARKS ST		
(Address)	T-101	_
APALACHICOLA, FL 32320		
(City/State and Zip Code)		
For further information concerning this matter	r, please call	l:
CHRISTOPHER VARNES	850 at (653-6700
(Name of Contact Person)		de & Daytime Telephone Number)
Enclosed please find a check made payable to \$25 Filing Fee		Department of State for: ng Fee & Certified Copy
STREET/COURIER ADDRESS:		MAILING ADDRESS:
Registration Section		Registration Section
Division of Corporations Clifton Building		Division of Corporations P.O. Box 6327
2661 Executive Center Circle		Tallahassee, Florida 32314

Tallahassee, Florida 32301

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)

	limited liability company as it a		Iorida Department
2. The Florida docu L0300004719	ument/registration number assign	ned to this limited liability co	mpany is:
4. I, HOWARD LE	mber/manager withdrew/resigne EE ENFINGER ame of Person Resigning)	ed or will withdraw/resign is:, hereby withdraw/resign as	
MANAGER	(Print Title)		FEB 24
of this limited lial resignation in wri	bility company and affirm the liniting.		een notified of my
Signature of Di	2. Enfingly ssociating Member or Resigning		
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		