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(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: J. HORNE JUL 2 9 2024	
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	(Requestor's Name)
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Sertified Copies Certificates of Status Special Instructions to Filing Officer:	(Address)
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Sertified Copies Certificates of Status Special Instructions to Filing Officer:	
PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	(Address)
PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	
(Business Entity Name) (Document Number) Sertified Copies Certificates of Status Special Instructions to Filing Officer:	(City/State/Zip/Phone #)
(Document Number) Sertified Copies Certificates of Status Special Instructions to Filing Officer: J. HORNE	PICK-UP WAIT MAIL
(Document Number) Sertified Copies Certificates of Status Special Instructions to Filing Officer: J. HORNE	
Special Instructions to Filing Officer: J. HORNE	(Business Entity Name)
Special Instructions to Filing Officer: J. HORNE	
Special Instructions to Filing Officer: J. HORNE	(Document Number)
J. HORNE	Certified Copies Certificates of Status
J. HORNE	
	Special Instructions to Filing Officer:
JUL 2 9 2024	J. HORNE
	JUL 2 9 2024

Office Use Only



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COVER LETTER

	stration Section sion of Corporations				
SUBJECT:	R&D STEEL ERECTORS, LLC				
John Lett.	(Name of	(Name of Limited Liability Company)			
The enclosed	d member, resignation or dis	sociation and fee(:	s) are submitted for filing.		
Please return	all correspondence concern	ing this matter to:			
STAN HUNT					
	(Contact Person)		_		
RIVER CPA I	.L.C				
	(Firm Company)		<u></u>		
1547 PETERS	CREEK ROAD				
	(Address)		_		
GREEN COV	E SPRINGS, FL 32043				
	(City State and Zip Code)				
For further i	nformation concerning this r	natter, please call:			
STAN HUNT		904 at (626-6347		
(N	Jame of Contact Person)		& Daytime Telephone Number)		
Enclosed plo	ease find a check made payat g Fee		Department of State for: g Fee & Certified Copy		
Regi Divis P.O.	ng Address: stration Section sion of Corporations Box 6327 thassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahasson, FL 32303		



2024 () 2 11: 53

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 STEEL ERECTORS, LLC	it appears on the records of the Florida Department
2. The Florida docu 1.03000049452	nment/registration number as	signed to this limited liability company is:
3. The date this me	mber/manager withdrew/resi	gned or will withdraw/resign is:
4. 1. DARRYL D. GEIGER (Print Name of Person Resigning)		
MGR		
-	(Print Title)	
resignation in wr	iting.	e limited liability company has been notified of my
Signature of Di	ssociating Member or Resign	ning Manager
	\$25.00 (Required) \$30.00 (Optional)	