## 10300052867

/D-				
(Re	equestor's Name)			
(Ad	ldress)	· •		
(Address)				
(Cir	ty/State/Zip/Phone #	<i>f</i> )		
•	,	•		
PICK-UP	WAIT	MAIL		
(Bu	isiness Entity Name	:)		
(Document Number)				
•	ŕ			
Codified Coning	Cartificatos	of Chabus		
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
I				

Office Use Only



500312956325

05/04/18--01026--005 \*\*55.00

J LEGGETT MAY 0 8 2018

## **COVER LETTER**

CR2E079 (2/14)

TO:	Registration Section Division of Corporations		
SUBJ	ECT: LARRY L. STEVENS PAINT	CONTRAC	TOR, LLC
	(Name of Limi	ited Liability Cor	npany)
The er	nclosed member, resignation or dissocia	ation and fee(s	s) are submitted for filing.
Please	return all correspondence concerning t	this matter to:	
LARF	RY L. STEVENS		
	(Contact Person)	-	_
LARF	RY L. STEVENS PAINT CONTRAC	TOR, LLC	
	(Firm/Company)		_
3759	GLEN CHAMBERS ROAD		_
•	(Address)		_
FLOF	RALA, AL 36442		
,	(City/State and Zip Code)	-	_
For fu	rther information concerning this matte	er, please call:	
LARF	RY L. STEVENS	850 at (	978-8652
	(Name of Contact Person)	(Area Code	& Daytime Telephone Number)
	sed please find a check made payable to Filing Fee		Department of State for: g Fee & Certified Copy
Regist Division Clifton 2661 I	ration Section on of Corporations n Building Executive Center Circle assee, Florida 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314



## 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 Department
of State is: LAR	RY L. STEVENS PAINT (	CONTRACTOR, LLC	·
2. The Florida doc	ument/registration number as	ssigned to this limited liability co	ompany is:
L3000052867		,	
3. The date this me	mber/manager withdrew/res	igned or will withdraw/resign is:	04/28/2018
4. I. RENEE SUZANNE STEVENS (Print Name of Person Resigning)		, hereby withdraw/resign as	sa
(Print N	ame of Person Resigning)		
MANAGING I	MEMBER		
	(Print Title)		
of this limited lia resignation in wr	- · · · ·	e limited liability company has b	
Rence	Sugarne St	wens	A L
Signature of Di	ssociating Member or Resign	ning Manager	100 E
Filing Fee:	\$25.00 (Required)		9
	\$30.00 (Optional)		