

LO3000053262

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(Address)

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(City/State/Zip/Phone #)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CARCO BUILDERS, 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:

CARL SCIACCA  
(Contact Person)

(Firm/Company)

9871 SW 88 TERRACE, #G  
(Address)

OCALA FL 34481  
(City/State and Zip Code)

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 07 MAY 18 PM 3:19  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

CARL SCIACCA at (352) 237-0573  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☐ \$25 Filing Fee

☒ \$55 Filing Fee &  
Certified Copy

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314



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 limited liability company as it appears on the records of the Florida Department of State is: CARCO BUILDERS, LLC

2. This limited liability company was organized under the laws of:  
Florida

3. The Florida document/registration number of this limited liability company is:  
L03000053262

4. I, CARL SCIACCA, hereby resign as a Manager/Member  
*(Print Name of Person Resigning)* *(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

A handwritten signature in cursive script, appearing to read "Carl Sciacca", is written over a horizontal line.

Signature of Resigning Member, Managing Member or Manager

Filing Fee: \$25.00 (Required) ✓  
Certified Copy: \$30.00 (Optional) ✓

FILED  
17 MAY 18 PM 3:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA