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(Req	(Requestor's Name)				
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PICK-UP	TIAW	MAIL			
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Certified Copies	Certificates	s of Status			
Special Instructions to F	iling Officer:				
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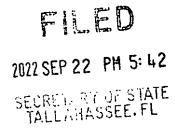
C 12/20/2022

COVER LETTER

Divis	sion of Corporations		
SUBJECT:	Babbitt Construction Company.	LLC	
SOBJECT.	(Name of	Limited Liability C	Company)
The enclosed	d member, resignation or dis	sociation and fee	e(s) are submitted for filing.
Please return	all correspondence concern	ing this matter to	o:
William R. Bal	bbitt		
	(Contact Person)		<u> </u>
Babbitt Constr	uction Company, L1.C		
	(Firm/Company)		
1639 Greens D	airy Road		
	(Address)		_
DeLand, FL 32	2720		
	(City/State and Zip Code)		
For further in	nformation concerning this n	natter, please cal	u:
William R Bab	bitt	386 at (7368794
(N	ame of Contact Person)		de & Daytime Telephone Number)
Enclosed ple	ase find a check made payat	ole to the Florida	a Department of State for:
□ \$25 Filing	g Fee	≡ \$55 Fili	ing Fee & Certified Copy
<u>Mailir</u>	ng Address:		Street Address:
_	stration Section		Registration Section
	sion of Corporations		Division of Corporations
	Box 6327		The Centre of Tallahassee
Talla	hassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

TO: Registration Section





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)

	e limited liability company as i	it appears on the records of the Flo	orida Department
2. The Florida doo L03000055417	cument/registration number ass	signed to this limited liability com	pany is:
4. I, <u>William M Bab</u>	him Clarice J. Babbill	gned or will withdraw/resign is: t hereby withdraw/resign as a	9/17/2022
Member	vame by I erson Resigning)		
 	(Print Title)		
of this limited lia resignation in w		e limited liability company has bee	n notified of my
Clarice J Signature of D	Balbitt Dissociating Member or Resign	ning Manager	
	\$25.00 (Required) \$30.00 (Optional)		