LO4000013650

(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:

Office Use Only



700292493347

11/21/16--01010--024 **25.00



NOV 22 2016 Y SULKER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Suncoast Constructors an (Name of Limi	d Services, LLC ted Liability Company)
The enclosed member, resignation or dissocia	ation and fee(s) are submitted for filing.
Please return all correspondence concerning t	his matter to:
Kevin Knapp (Contact Person)	
Suncoast Constructors and Services,LL (Firm/Company)	.c
P.O Box 21883 (Address)	
Sarasota, FL 34276 (City/State and Zip Code)	
For further information concerning this matte	r, please call:
Kevin Knapp	at () <u>894-5019</u>
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to \$25 Filing Fee	the Florida Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314

CR2E079 (2/14)

Tallahassee, Florida 32301



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: SUNCOAST CONSTRUCTORS AND SERVICES, LLC			
2. The Florida document/registration number assigned to this limited liability company is:			
L04000013650			
3. The date this member/manager withdrew/resigned or will withdraw/resign is:	**************************************		
4. I, Riley Brown , hereby withdraw/resign as a (Print Name of Person Resigning)	AT LAN	16° NO	a
MGR (Print Title)	ASSE MASSE	NOV 21	M Strap
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.	TOP STATE E. FLORIUA	PH 1: 0.9	TT the state of th
Signature of Discociating Member or Pesigning Manager	•		

CR2E079 (2/14)

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