204000040451

(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.

A. LUNT

MAY 13 2010

EXAMINER

Office Use Only



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2011 HAY 12 PM 4: 34

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Pomp Construction Group LLC (Name of Limited Liability Company)	
The enclosed member, managing member or manager resignation and fee(s) are submit filing.	ted for
Please return all correspondence concerning this matter to:	
Siz L. Pomp (Contact Person)	2011 M
Pomp Construction Gloup LCC (Firm/Company)	2011 MAY 12 PH 4: 35
5719 BLAINE DRIVE	H 4: 35
Zephyrhius FL, 3354-1 (City/State and Zip Code)	
For further information concerning this matter, please call:	
Sid Li Pomo at (873) 263-6010 (Name of Contact Person) (Area Code & Daytime Telephone Number	r)
Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee & Certified Copy	

MAILING ADDRESS:

Registration Section

STREET/COURIER ADDRESS:

Registration Section



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

	e limited liability company as it appears on the records of the Flo	orida Depart	ment
of State is:	POMP. CONSTRUCTION GROUP LLC	jare est Est	
2. This limited liab	oility company was organized under the laws of:	ALESSEE	INMAY 12 P
	·		PM 4: 34
	cument/registration number of this limited liability company is:		
	WS. Douglas, hereby resign as a MEN Name of Person Resigning) (Pr	BER	
of this limited lia resignation in w	ability company and affirm the limited liability company has bee riting.	n notified o	f my
Willight	Buffer		
Signature of Res	igning Member, Managing Member or Manager		
Filing Fee:	\$25.00 (Required)		

Certified Copy:

\$30.00 (Optional)