1040000 48453

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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05/11/20--01025--019 **55.00

OBSCAL PART TALL AND TALL AND

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: Langer Construction & Development, LLC (Name of Limited Liability Company)				
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter to:				
Barbara Langer (Contact Person)				
(Firm/Company)				
3820 Surfside Blud, (Address)				
Cape Cover FL 33917 (City/State and Zip Code)				
For further information concerning this matter, please call:				
(Name of Contact Person) at (239) 945-0669 (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				
Mailing Address:				

Mailing Address:
Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303



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 lin	nited liability company as	it appears on the records of t	he Florida Department
of State is: Lax	ger Construction	on + Developmen	+LCC
2. The Florida docume	ent/registration number ass	signed to this limited liability	y company is:
L04000	048453		
3. The date this memb	er/manager withdrew/resig	gned or will withdraw/resign	n is: 05/07/2020
		, hereby withdraw/resig	
managing	member.		
of this limited liabili resignation in writin		limited liability company h	as been notified of my
Dails	ciating Member or Resign	W	2021 A
Signature of Disso	ociating Member or Resign	ing Manager	LI AMAY II
Filing Fee: Certified Copy:			######################################