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## **COVER LETTER**

TO: Registration Section Division of Corporations				
SUBJECT: JAMES EVANS CONSTR			_	
(Name of Limi	ited Liability Com	pany)		
Dear Sir or Madam:				
The enclosed Resignation of Member, Managing	Member or Ma	mager and fee(s) are submitted fo	r filir	ıg.
Please return all correspondence concerning this	matter to the fo	llowing:		
JAMES A. EVANS JR.				
(Name of Person)	<del> </del>	_		
JAMES EVANS CONSTRUCTION	N, LIC	_		
(Firm/Company)			2006	SE
P.O. BOX 4018	·	_	.006 AUG	
(Address)			-8	ARY C
MILTON, FLORIDA 32572		_	AM 11: 09	1508/ 15 31/
(City/State and Zip Code)				TEC TEC
For further information concerning this matter, pl	ease call:		9	X.
JAMES A. EVANS JR.	at ( 850	626–4915		
(Name of Person)		& Daytime Telephone Number)		
STREET/COURIER ADDRESS:		MAILING ADDRESS:		
Registration Section		Registration Section		
Division of Corporations Clifton Building		Division of Corporations P.O. Box 6327		
2661 Executive Center Circle Tallahassee, Florida 32301		Tallahassee, Florida 32314		
Enclosed is a check for the following amount:				
\$25 Filing Fee	<b>□</b> •	EE Eilian Dog Pr		
₩ 523 Filing ree	<b>□</b> \$	55 Filing Fee & Certified Copy		

CR2E079 (8/05)



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

## RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I.	LISA R. EVANS			_, hereby resign as _	MANAGEIR
<i>,</i> —				_, , ,	(Title)
of_	JAMES	EVANS CONSTRUCTION	, LLC		
		(Lin	ited Liabilit	y Company)	
a lin	nited liability	company organized und	ler the law	s of the State of	FIORIDA
and	affirm that tl	ne limited liability compa	ıny has be	en notified in writin	ng of the resignation.
	Ĺ	<del>/ /                                  </del>		las	
		(Signature of resigning r	nanager r	nanaging member o	r member)

FILING FEE IS \$25.00

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314