

LD4000070078

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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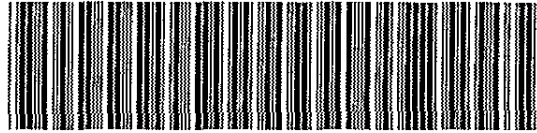
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[Handwritten signature]

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GREG CRANE CONSTRUCTION, L.L.C.
(Name of Limited Liability Company)

Dear Sir or Madam:

The enclosed Resignation of Member, Managing Member or Manager and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

RHONDA CRANE

(Name of Person)

GREG CRANE CONSTRUCTION, L.L.C.

(Firm/Company)

3294 MIDDLETOWN ST.

(Address)

PORT CHARLOTTE, FL. 33952

(City/State and Zip Code)

For further information concerning this matter, please call:

RHONDA CRANE

(Name of Person)

at (941) 624-4968

(Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☒ \$55 Filing Fee &
Certified Copy

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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I, JACOB CRANE, hereby resign as MEMBER
(Title)

of GREG CRANE CONSTRUCTION, L.L.C.,
(Limited Liability Company)

a limited liability company organized under the laws of the State of FLORIDA

and affirm that the limited liability company has been notified in writing of the resignation.

A handwritten signature in dark ink, appearing to read "Jacob Crane", is written over a horizontal line.

(Signature of resigning manager, managing member or member)

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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