## L04000011319

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(Address)				
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SECRETARY OF STATE

## **COVER LETTER**

Registration Section
Division of Corporations

TO:

SUBJECT: And Rew DYKE Con (Name of Limited Liability C	ompany)				
The enclosed member, managing member or manager res filing.	ignation and fee(s) are submitted for				
Please return all correspondence concerning this matter to	o:				
AWREW DYKE (Contact Person)	· ·				
Andrew Dyke Construction, (Firm/Company)	1/c				
1908 Stuples AVE.					
Key West, FL · 33040 (City/State and Zip Code)					
For further information concerning this matter, please call:					
Andrew 7/KE at (305) (Name of Contact Person) (Area Contact Person)	587-8184				
Enclosed please find a check made payable to the Florida					
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				
CR2E079 (5/06)					



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

1. The name of the lir	nited liability company as it ap	opears on the records of the	Florida Department
_	ty company was organized und		PR 23 AMI
3. The Florida docum	nent/registration number of this	limited liability company	is: JATE LORIDA
4. I, SENNY A	NN KENNEY  ne of Person Resigning)	, hereby resign as a 🏄 🗸	149 ing MEMBER
,-	ity company and affirm the lim	nited liability company has	been notified of my
Signature of Resign	ning Member, Managing Memb	per or Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		