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SECRETARY OF STATE
ALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Brothers 3 Consta	UC+100 , LLC iability Company)
The enclosed member, managing member or man filing.	ager resignation and fee(s) are submitted for
Please return all correspondence concerning this r	natter to:
Melody Baudin (Contact Person)	
Melody Baudin (Contact Person) Brothers 3 Const, LLC (Firm/Company)	ZOOB APR -7 A BE SECRETARY OF STATIONIC
P.O.Box771961 (Address)	TARY ASSEE
(Address)	\ \rac{\mu_0}{\tilde{\mu_0}} \rac{\rac{\mu_0}{\tilde{\mu_0}}} \rac{\mu_0}{\tilde{\mu_0}} \rac{\mu_0}{\tilde{\mu_0}} \rac{\mu_0}{\tilde{\mu_0}}} \rac{\mu_0}{\tilde{\mu_0}} \rackline{\mu_0} \rackline{\mu_0} \rackline{\mu_0} \rackline{\mu_0} \rackline{\mu_0} \rackline{\mu_0} \rackline{\mu_0}} \rackline{\mu_0}
Ocala, FC 34477 (City/State and Zip Code)	STATE LORIDA
For further information concerning this matter, ple	ease call:
Melody Baudin at (Name of Contact Person) at (989 350-12/7 Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the \$25 Filing Fee.	Florida Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (5/06)

2661 Executive Center Circle

Tallahassee, Florida 32301



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

_	mited liability company as prothers 3 Comp			Department
2. This limited liabil Florida	ity company was organized	under the laws of:	[_S	APR -1 A
	nent/registration number of 208542/	this limited liability con	npany is 🕳 🗀	ж О
4. I, Michael (Print Nat	W. Baudin V	, hereby resign as a	Myr Mem (Print Title	be/
of this limited liabi	lity company and affirm the	e limited liability compar	ny has been noti	fied of my
Signature of Resig	ning Member, Managing M	lember or Manager		
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)			