LOSOCCIBLEO

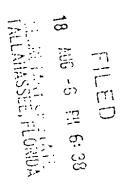
(Requestor's Name)				
(Address)				
(*******)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
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AUG 0 9 2018 S. YOUNG

COVER LETTER

Division of Corporations NORTH FLORIDA CONSTRUCTION CO., LLC SUBJECT: (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: JOE HOLTON (Contact Person) NORTH FLORIDA CONSTRUCTION CO., LLC (Firm/Company) 6685 BOWIE RD (Address) JACKSONVILLE, FL 32219 (City/State and Zip Code) For further information concerning this matter, please call: JOE HOLTON 904 237-0523 (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: ■ \$25 Filing Fee ■ \$55 Filing Fee & Certified Copy

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 (2/14)

TO:

Registration Section



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)

	limited liability company as	it appears on the records of the Flo	orida Department
2. The Florida doc L0500003061	· ·	ssigned to this limited liability com	pany is:
		7- igned or will withdraw/resign is:	-30-18
4. I. (Print Name of Person Resigning)		, hereby withdraw/resign as a	
(Print N	lame of Person Resigning)		
MGR			
	(Print Title)		
of this limited lia resignation in wr		ne limited liability company has bee	n notified of my
Croan	me L. Haltm		18 31 (ALL)
Signature of D	issociating Member or Resig	ning Manager	AUG -6
Filing Fee:	\$25.00 (Required)		सार है।
	\$30.00 (Optional)		D PH 6: 38 FLORIDA FLORIDA