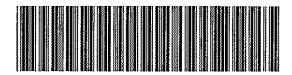
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| (Requestor's Name) | | | | |
|---|-------------------|-------------|--|--|
| (Address) | | | | |
| (Ad | (dress) | | | |
| | · | | | |
| (Cit | ty/State/Zip/Phon | e #) | | |
| PICK-UP | WAIT | MAIL | | |
| (Bu | siness Entity Nar | ne) | | |
| (Document Number) | | | | |
| Certified Copies | Certificates | s of Status | | |
| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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COVER LETTER

| TO: Registration Section Division of Corporations | | | |
|---|---|-----------|-------|
| SUBJECT: Crown Construction Service (Name of Limited Liability) | | - | |
| The enclosed member, managing member or manager refiling. | signation and fee(s) are submitted | d for | |
| Please return all correspondence concerning this matter | to: | | |
| Kenneth Sampson | | | |
| (Contact Person) | . | 07 | ENS. |
| Crown Construction Services LLC | | 07 JAN -9 | SON |
| (Firm/Company) | | 9 | JE CO |
| 129 E 13th Street | | PM 3: 46 | RP ST |
| (Address) | | 9+ t6 | AT ON |
| St. Cloud, FL 34769 | | | S |
| (City/State and Zip Code) | | | |
| For further information concerning this matter, please ca | 11: | | |
| Kenneth Sampson at 407 | ₎ 957.6138 | | |
| (Name of Contact Person) (Area Co | de & Daytime Telephone Number) | | |
| Enclosed please find a check made payable to the Florid \$25 Filing Fee | \$55 Filing Fee & | | |
| • | Certified Copy | | |
| STREET/COURIER ADDRESS: Registration Section | MAILING ADDRESS: | | |
| Division of Corporations | Registration Section Division of Corporations | | |
| Clifton Building | P.O. Box 6327 | | |
| 2661 Executive Center Circle | Tallahassee, Florida 32314 | | |

CR2E079 (5/06)

Tallahassee, Florida 32301



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

| | limited liability company as it own Construction Se | | |
|--|---|------------------------------|------------------------|
| 2. This limited liabi | lity company was organized u | nder the laws of: | 7 JAN - 9 PM 3: 46 |
| 3. The Florida docu L050008 | ment/registration number of th | nis limited liability compan | y is: |
| 4. I, Brent Dic | kson me of Person Resigning) | , hereby resign as a MC | GR (Print Title) |
| of this limited liab resignation in wri | ility company and affirm the l | imited liability company ha | as been notified of my |
| 10 | - | | |
| Signature of Resi | gning Member, Managing Mer | nber or Manager | |
| Filing Fee: Certified Copy: | \$25.00 (Required) \$30.00 (Optional) | | |