L05000091089

(Re	questor's Name)	
(Address)		
(Address)		
, ,	•	
/0:4	ry/State/Zip/Phone	- 40
(CII	y/State/Zip/Prione	2 #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
\ =	,	··- ,
<u> </u>	cument Number)	
00)	cament Namber)	
Certified Copies Certificates of Status		s of Status
Special Instructions to	Filing Officer:	
opeoidi mottaetiona to	i iiing Omoor.	



800139371668

01/05/09--01079--007 **25.00

09 JAN -5 PH 2: 55

Office Use Only

· TOWHOM IT MAY CONCERN:

PLEASE REMOVE: MARIA LIZA ROBERS
AS MANAGING MEMBER: 201 EDGE WATER
DRIVE SAINT CLOUD, FC. 84769

BROTHERS CONSTRUCTION LLC 201 EDGEWATER DRWE SAINT CLOWD, FI. 34769. L05000091089

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Brothers Const (Name of Limited Liabi	Suction LLC Clity Company)
The enclosed member, managing member or manage filing.	er resignation and fee(s) are submitted for
Please return all correspondence concerning this man	tter to:
Micheal TRoberts (Contact Person)	
Brothers Construction	1 L2C
201 Edgemater Déive	
St. Cloud, FL. 34769 (City/State and Zip Code)	
For further information concerning this matter, pleas	se call:
(Name of Contact Person) at (4	a Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Flesh \$25 Filing Fee	orida Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section 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



09 JAN -5 PH 2: 55
SECRETARY OF STATES
TALLAHASSEE FLORIDA

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 limited liability company as it appears on the records of the Florida Department of State is: Bookers Construction LLC.
2. This limited liability company was organized under the laws of:
3. The Florida document/registration number of this limited liability company is:
4. I, MARIA 17 A ROBER, hereby resign as a MM acing Member (Print Name of Person Resigning)
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.
Signature of Resigning Member, Managing Member or Manager

Filing Fee:

Certified Copy:

\$25.00 (Required)

\$30.00 (Optional)