106000009756

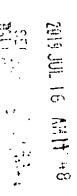
| (Req | uestor's Name) | | | |
|-----------------------------------------|------------------|-----------|--|--|
| (Add | ress) | | | |
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| (City, | /State/Zip/Phone | · #) | | |
| PICK-UP | ☐ WAIT | MAIL | | |
| (Bus | iness Entity Nam | ne) | | |
| (Document Number) | | | | |
| Certified Copies | Certificates | of Status | | |
| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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COVER LETTER

| TO: | - | tration Section on of Corporations | | |
|--------|-----------------------|--------------------------------------|---------------------|--------------------------------------------------|
| SUBJ | JECT: | MHB Construction Services | | |
| | | (Name of Lir | nited Liability Con | npany) |
| The er | nclosed | member, resignation or dissoc | iation and fee(s |) are submitted for filing. |
| Please | e return : | all correspondence concerning | this matter to: | |
| Jeffre | ey Burle | е у | | |
| | | (Contact Person) | | _ |
| мнв | Constr | ruction Services, LLC | | |
| | | (Firm/Company) | | - |
| 6781 | W. Sur | nrise Boulevard | | |
| | • | (Address) | | _ |
| Plant | ation, F | FL 33313 | | |
| | | (City/State and Zip Code) | | - |
| For fu | irther in | formation concerning this mat | ter, please call: | |
| Jeffre | ey Burle | Э ў | 954 at (| 444-1336 |
| | (Na | ime of Contact Person) | | & Daytime Telephone Number) |
| | sed plea 5 Filing | ise find a check made payable Fee | | Department of State for: § Fee & Certified Copy |
| | | OURIER ADDRESS: | | MAILING ADDRESS: |
| _ | tration S | | | Registration Section |
| | ion of Ci n Buildi | orporations | | Division of Corporations P.O. Box 6327 |
| | | ve Center Circle | | Tallahassee, Florida 32314 |
| | | Florida 32301 | | Tananamoe, Franca 52517 |

CR2E079 (2/14)



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 Construction Services, L | it appears on the records of the F | Horida Departme | nt |
|------------------------------------------|-------------------------------------------------------|--------------------------------------------------------------|-------------------|-------------------|
| 2. The Florida doc | ument/registration number as | ssigned to this limited liability co | mpany is 3 | |
| L0600000975 | 6 | | | : |
| 3. The date this me 4. I. | v | igned or will withdraw/resign is:, hereby withdraw/resign as | | - ' - ' نام |
| , | 'ame of Person Resigning) | , hereby withdraw/resign as | 4 | |
| Manager/Mer | mber | | , co | |
| | (Print Title) | | | |
| of this limited lia resignation in wr | | e limited liability company has b | een notified of m | y |
| Signature of D | issociating Member or Resig | ning Manager | | |
| Filing Fee: Certified Copy: | \$25.00 (Required) \$30.00 (Optional) | | | |