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(Re	equestor's Name)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
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06 JUL -5 PM I2: 12
SECRETARY OF STATE
ALLAHASSEE, FLORID.

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: S&P HEAVY CONSTRUCTION (Name of Limited	ON CONSULTING LLC Liability Company)
Dear Sir or Madam:	
The enclosed Resignation of Member, Managing Me	ember or Manager and fee(s) are submitted for filing
Please return all correspondence concerning this mat	tter to the following:
WILLIAM FULLAWAY (Name of Person)	· · · · · · · · · · · · · · · · · · ·
S&P HEAVY CONSTRUCTION CONS	SULTING LLC
335 LAKESHORE DR	
(Address) ST AUGUSTINE FL 32095 (City/State and Zip Code)	
For further information concerning this matter, pleas	e call:
	(386) 931-0850 (Area Code & Daytime Telephone Number)
(Name of Ferson)	(Area Code & Daytime Telephone Number)
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
Enclosed is a check for the following amount:	
✓ \$25 Filing Fee CR2E079 (8/05)	\$55 Filing Fee & Certified Copy



FILED 06 JUL -5 PH 12: 12 SECRETARY OF STATE TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I, LOUIS REED	, hereby resign as MANAGING MEMBER (Title)
	,
of S&P HEAVY CONSTRUCTION CONSU	· · · · · · · · · · · · · · · · · · ·
(Limited Lia	bility Company)
a limited liability company organized under the	laws of the State of FLORIDA ,
and affirm that the limited liability company has	s been notified in writing of the resignation.
_ An	is Reed
(Signature of resigning manage	er, managing member or member)

FILING FEE IS \$25.00

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

CR2E079 (8/05)