L00000018154

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	; #)
PICK-UP	☐ WAIT	MAIL
, (Bu	siness Entity Nam	ne)
, (Do	cument Number)	
Certified Copies	·	of Status
Special Instructions to Filing Officer:		





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SECRETARY OF STATE
DIVISION OF CORPORATIONS
O7 111N 26 AM 11: 24

COVER LETTER

Division of Corporations	
SUBJECT: Webb Construction Services, LLC (Name of Limited Liability Co	· · · · · · · · · · · · · · · · · · ·
(Name of Emilies Busines) of	inpairy)
The enclosed member, managing member or manager resifiling.	gnation and fee(s) are submitted for
Please return all correspondence concerning this matter to	:
Timothy M Webb	
(Contact Person)	_
	17 U
Webb Construction Services, LLC	
(Firm/Company)	
9065 SW 214 St	
(Address)	OT JUN 26 AM 11: 24
Miami, Florida 33189	+
(City/State and Zip Code)	_
For further information concerning this matter, please call	l:
Timothy M Webb at (305	762-2025
(Name of Contact Person) (Area Cod	e & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida	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
Tallahassee, Florida 32301	A MILIMINOSON, A POLITICA DED LA

CR2E079 (5/06)



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 of State is: We	limited liability company as bb Construction Sen	it appears on the records of the Florida l	Departm	ent 	
2. This limited liabi	lity company was organized	l under the laws of:			
3. The Florida docu L06000018		f this limited liability company is:			
_{4. I,} Joanne G	Webb	, hereby resign as a Manager			
(Print Name of Person Resigning)		(Print Titl	(Print Title)		
resignation in wri		e limited liability company has been noti	ified of r	ny	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		07 JUH 26 AM	SECRETARY OF S	