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## **COVER LETTER**

TO:

Registration Section Division of Corporations

Tallahassee, Florida 32301

CR2E079 (2/14)

ACCURACY GENERAL CONTRACTORS LLC SUBJECT: (Name of Limited Liability Company) The enclosed member, resignation or dissociation and fee(s) are submitted for filing. Please return all correspondence concerning this matter to: **EDGAR PEDREROS** (Contact Person) ACCURACY GENERAL CONTRACTORS LLC (Firm/Company) P O BOX 991135 (Address) NAPLES, FL 34116-1135 (City/State and Zip Code) For further information concerning this matter, please call: **FDGAR PEDREROS** (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: □ \$55 Filing Fee & Certified Copy ■ \$25 Filing Fee STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section **Division of Corporations** Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314



## 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)

1. The name of the	limited liability company as	it appears on the records of the	Florida Department
of State is: ACC	CURACY GENERAL CON	TRACTORS LLC	
2. The Florida doc L0600001849	•	signed to this limited liability co	ompany is:
3. The date this member/manager withdrew/resign 4. I, STEPHEN PEDREROS  (Print Name of Person Resigning)		igned or will withdraw/resign is:  . hereby withdraw/resign as	05/31/2018
(Print Name of Person Resigning)			
MGRM			= ; ;
of this limited lia resignation in wr	(Print Title) bility company and affirm the iting.	e limited liability company has b	peen notified of my
Signature of D	Security Member or Resign	ning Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		