~L06000077739

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
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COVER LETTER

Division of Corporations	
SUBJECT: C.R. ELECTRIC, LLC (Name of Lim	ited Liability Company)
Dear Sir or Madam:	
The enclosed Resignation of Member, Managing	Member or Manager and fee(s) are submitted for filing.
Please return all correspondence concerning this	matter to the following:
FROILAN G. CRUZ	
(Name of Person)	
C.R. ELECTRIC, LLC	2006 SECI
(Firm/Company)	ARE TO THE TOTAL PROPERTY OF THE TOTAL PROPE
2461 NW 30 ST	SECRETARY OF STATE ALLAHASSEE. FLORIDA
(Address)	A II: 3
MIAMI, FL 33142	32 RIDA
(City/State and Zip Code)	
For further information concerning this matter, pl	ease call:
FROILAN G. CRUZ	at (766) 587 - 547 93
(Name of Person)	(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	☐\$55 Filing Fee & Certified Copy



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I, MAIRON M. CRUZ	, hereby resign as MANAGER MEMBER
	(Title)
of C.R. ELECTRIC, LLC	
(Limited Li	iability Company)
a limited liability company organized under the	e laws of the State of FLORIDA:
and affirm that the limited liability company ha	ETARY O HASSEE.
	32 NDA

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