100000082028

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	Certificate	s of Status
Special Instructions to Filing Officer:		
		Alono

Office Use Only



100080338461

10/06/06--01022--004 **25.00 T

06 OCT -6 PM 2: 5

COVER LETTER

Division of Corporations	
SUBJECT: Advanced Hurricane Constructio (Name of Limited Lia	
Dear Sir or Madam:	
The analoged Resignation of Mambau Managine Mamba	from an Management foods) and miles to 1 fee 50.
The enclosed Resignation of Member, Managing Member	per or Manager and fee(s) are submitted for filing.
Please return all correspondence concerning this matter	to the following:
Thomas D. Cardon, Jr.	
(Name of Person)	
(Firm/Company)	
· • • • • • • • • • • • • • • • • • • •	
10113 Honolulu Dr.	_
(Address)	,
El Daco TV 70025	
El Paso, TX 79925 (City/State and Zip Code)	
For firsthan information agreeming this matter along	all.
For further information concerning this matter, please concerning the please concerning this matter, please concerning the please co	aii.
Tommy Cardon at (9	915 598-6026
	rea Code & Daytime Telephone Number)
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	
Enclosed is a check for the following amount:	
\$25 Filing Fee	\$55 Filing Fee &
CR2E079 (8/05)	Certified Copy



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

լ, Thomas D. Cardon, Jr	, hereby resign as Manager/Managing Member
	(Title)
of Advanced Hurricane Construction Group, LLC	3
(Limited Liability)	ty Company)
a limited liability company organized under the law	vs of the State of Florida,
and affirm that the limited liability company has be	en notified in writing of the resignation.
Thomas D. Ca	
(Signature of resigning manager, n	nanaging viember 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

DIVISION OF CORPORATION