

L06000095687

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

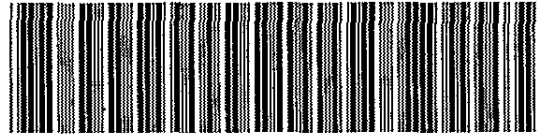
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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SENT CERTIFIED MAIL # 7006-0810-0001-0941-9316

COVER LETTER

TO: Registration Section
Division of Corporations

4/28/06

SUBJECT: FLORIDA CONSTRUCTION SERVICES, LLC
(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

SHARON M. STEVENS

(Contact Person)

SHARON M. STEVENS, C.P.A. (352-375-7480)

(Firm/Company)

2801 WEST UNIVERSITY AVENUE

(Address)

GAINESVILLE, FL 32607

(City/State and Zip Code)

For further information concerning this matter, please call:

JASON E. MORPHET

(Name of Contact Person)

at (352) 258-0944

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☐ \$25 Filing Fee

☒ \$55 Filing Fee &
Certified Copy

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

CR2E079 (5/06)

FOR MAILING

PLEASE NOTE THAT THE LLC'S PRINCIPAL OFFICE
AND MAILING ADDRESS HAS CHANGED. NEW ADDRESS
IS: P.O. BOX 120548
CLERMONT, FL 34712

OLD ADDRESS WAS: 6117 N.W. 116TH PLACE
ALACHUA, FL 32615

NEW ADDRESS FOR OFFICE IS:
10934 CRESCENT RIDGE LOOP
CLERMONT, FL 34711

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TALLAHASSEE, FLORIDA

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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 limited liability company as it appears on the records of the Florida Department of State is: FLORIDA CONSTRUCTION SERVICES, LLC

2. This limited liability company was organized under the laws of:
FLORIDA

3. The Florida document/registration number of this limited liability company is
LOG0000 95687

4. I, JASON DERRELL BRACKETT, hereby resign as a MANAGING MEMBER AND MEMBER
(Print Name of Person Resigning) (Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

[Signature] 11/28/06
Signature of Resigning Member, Managing Member or Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

FILED
2006 DEC - 1 P 5:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA