

LO1000095687

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

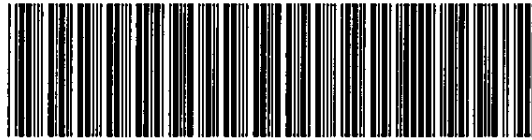
(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 DEC - 1 AM 11:01

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

COVER LETTER

TO: Registration Section
Division of Corporations

11/28/2006

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, FLORIDA 32607

(City/State and Zip Code)

For further information concerning this matter, please call:

JASON E. MORPHET

at (352) 258-0944

(Name of Contact Person)

(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-~~444~~

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

CR2E079 (5/06)

OLD ADDRESS WAS:
6117 N.W. 116TH PLACE
ALACHUA, FL 32615
(MAILING AND LOCATION)

PLEASE NOTE THAT THE LLC'S PRINCIPAL OFFICE
LOCATION HAS BEEN CHANGED TO:

10934 CRESCENT RIDGE LOOP
CLERMONT, FLORIDA 34711
NEW MAILING ADDRESS IS: P.O. BOX 120548
CLERMONT, FL 34712



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

**RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER
FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

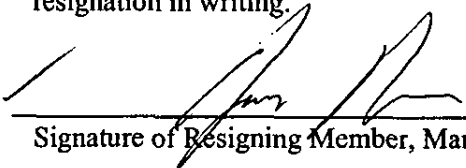
1. The name of the limited liability company as it appears on the records of the Florida Department of State is: FLORIDA CONSTRUCTION SERVICES, LLC

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

3. The Florida document/registration number of this limited liability company is:
406000095687

4. I, PATRICK JAY ACREE, hereby resign as a MANAGING MEMBER AND
(Print Name of Person Resigning) (Print Title) MEMBER

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

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

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
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