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CR2E079 (5/06)

TO: Registration Section Division of Corporations	
SUBJECT: Sundance Contracting, (Name of Limit	LLC ted Liability Company)
The enclosed member, managing member or filing.	manager resignation and fee(s) are submitted for
Please return all correspondence concerning t	his matter to:
Christian D. Humphrey	
(Contact Person)	
Sundance Contracting, LLC	
(Firm/Company)	
4061 Smith Road	
(Address)	
New Smyrna Beach, Florida 3216	88
(City/State and Zip Code)	-
For further information concerning this matter	r, please call:
Allison Fowler	at (386) 264-8938
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to \$25 Filing Fee	the Florida Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314



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 a of State is: Sundance Contracting, L	ppears on the records of the Florida Department LC.
2. This limited liability company was organized und Florida	der the laws of:
3. The Florida document/registration number of this	s limited liability company is:
4. _{I,} Glenn J. Canfield	_, hereby resign as a Manager
(Print Name of Person Resigning)	(Print Title)
of this limited liability company and affirm the line resignation in writing.	nited liability company has been notified of my
Signature of Resigning Member, Managing Mem	ber or Manager

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