

| (Re | questor's Name) | |
|-------------------------|-------------------|-------------|
| | | |
| (Ad | dress) | |
| (Ad | ldress) | |
| (Cit | ry/State/Zip/Phon | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| · (Bu | siness Entity Na | me) |
| . (Do | cument Number) |) |
| Gertified Copies | _ Certificate | s of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FI ORIDA

D. BRUCE

OCT 0 2 2008

EXAMINER

COVER LETTER

| TO: Registration Section Division of Corporations | |
|--|---|
| SUBJECT: Sabre Construction LLC | |
| The enclosed member, managing member or mar filing. | nager resignation and fee(s) are submitted for |
| Please return all correspondence concerning this | matter to: |
| Ed Clement | |
| (Contact Person) | |
| Sabre Construction LLC | |
| (Firm/Company) | ILCA ILCA |
| 11590 Stonehaven Way | CT -1 AM ETARY OF STANASSEE, FLI |
| (Address) | デール デール |
| West Palm Beach, FL 33412 | AM II: 34 OF STATE FLORIDA |
| (City/State and Zip Code) | TE: 31 |
| For further information concerning this matter, p | |
| Ed Clement at (| \ |
| (Name of Contact Person) | (Area Code & Daytime Telephone Number) |
| Enclosed please find a check made payable to the \$25 Filing Fee | e Florida Department of State for: \$55 Filing Fee & Certified Copy |
| STREET/COURIER ADDRESS: | MAILING ADDRESS: |
| Registration Section | Registration Section |
| Division of Corporations | Division of Corporations |
| Clifton Building | P.O. Box 6327 |
| 2661 Executive Center Circle Tallahassee, Florida 32301 | Tallahassee, Florida 32314 |

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

| | mited liability company as it agree Construction LLC | | of the Florida I | Depar | tmen |
|---|--|------------------------------|----------------------------|-----------|-------|
| 2. This limited liabili State of Flo | ty company was organized und orida | der the laws of: | SECRETARY (TALLAHASSEE | 08 OCT -1 | FILE |
| 3. The Florida docum L0700002 | nent/registration number of this | s limited liability comp | DESTATE FLORIDA | AN 11: 34 | ED |
| 4. I, Ben K. Abe | ernathy ne of Person Resigning) | _, hereby resign as a _ | MGMR (Print Titl | o) | |
| of this limited liabil resignation in writin | ity company and affirm the lin | | , | _ | of my |
| Signature of Resign | ing Member, Managing Mem | ber of Manager | | | |
| Filing Fee: Certified Copy: | \$25.00 (Required) \$30.00 (Optional) | | | | |