

L070000 17516

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

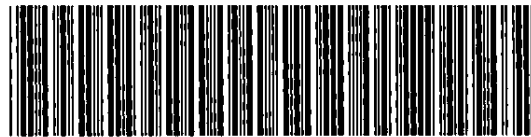
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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
07 OCT 16 AM 10:14

T. Hampton OCT 16 2007

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** LUDWICK & MASCIOLI CONSTRUCTION, 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:

SAMUEL LUDWICK  
(Contact Person)

LUDWICK & MASCIOLI CONSTRUCTION, LLC  
(Firm/Company)

P.O. BOX 806  
(Address)

HAWTHORNE, FL 32640  
(City/State and Zip Code)

For further information concerning this matter, please call:

SAMUEL LUDWICK at (772) 812-5423  
(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

**MAILING ADDRESS:**

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 3, 2007

SAMUEL LUDWICK  
P O BOX 806  
HAWTHORNE, FL 32640

SUBJECT: LUDWICK & MASCIOLI CONSTRUCTION, L.L.C.  
Ref. Number: L07000017516

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

07 OCT 16 AM 10:09

RECEIVED

We have received your document for LUDWICK & MASCIOLI CONSTRUCTION, L.L.C., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

We are enclosing the proper form(s) with instructions for your convenience.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 507A00057815



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: LUDWICK & MASCIOLI CONSTRUCTION, 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:

607000017516

4. I, SAMUEL LUDWICK, hereby resign as a MANAGING 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 of Resigning Member, Managing Member or Manager

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
07 OCT 16 AM 10:14

To: Ludwick & Mascioli Construction, LLC  
1004 South U.S. 1  
Fort Pierce, FL 34950

Cc: Florida Department of State  
Division of Corporations  
Corporate Filings  
P.O. Box 6327  
Tallahassee, FL 32314

From: Samuel Ludwick  
P.O. Box 806  
Hawthorne, FL 32640

To Whom it May Concern,

I Samuel Ludwick hereby resign as MGRM, Qualifier, and General Contractor from Ludwick & Mascioli Construction, LLC. Thank you very much for the opportunity to be of service to your company, but due to health reasons I will no longer be able to fulfill my duties to the company.

Sincerely,

Samuel Ludwick



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DIVISION OF CORPORATIONS  
07 OCT 16 AM 10:14