107000015497

| (Requestor's Name) | | |
|---|--|--|
| (Address) | | |
| (Address) | | |
| (City/State/Zip/Phone #) | | |
| PICK-UP WAIT MAIL | | |
| (Business Entity Name) | | |
| | | |
| (Document Number) | | |
| Certified Copies Certificates of Status | | |
| Special Instructions to Filing Officer: | | |
| | | |
| | | |
| , | | |

Office Use Only



700299057377

05/17/17--01019--005 **25.00

17 MAY 17 PH 2: 12

O SIMMONS MAY 1 8 2017

COVER LETTER

₹.

TO:

CR2E079 (2/14)

Registration Section

Division of Corporations Resignation of Member **SUBJECT:** (Name of Limited Liability Company) The enclosed member, resignation or dissociation and fee(s) are submitted for filing. Please return all correspondence concerning this matter to: **Gregory Whyte** (Contact Person) Whyte's Construction Group, LLC (Firm/Company) 104 Newton Road (Address) West Park, FL 33023 (City/State and Zip Code) For further information concerning this matter, please call: **Gregory Whyte** (Area Code & Daytime Telephone Number) (Name of Contact Person) 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: **MAILING ADDRESS: Registration Section** Registration Section **Division of Corporations Division of Corporations** Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301







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

(Pursuant to 605.0216, Florida Statutes)

| 1. The name of the | limited liability company as it | appears on the records of the Florida Department |
|---|---------------------------------|--|
| of State is: | te's Construction Group, LLC | · |
| 2. The Florida docu L0700004549 | | ned to this limited liability company is: |
| 3. The date this me | ember/manager withdrew/resign | ed or will withdraw/resign is: 05/05/2017 |
| 4. I, Veneita Sewel (Print Name of Person Resigning) | | |
| (Print N | lame of Person Resigning) | |
| Authorized M | lember | |
| | (Print Title) | |
| of this limited lia resignation in wr | | mited liability company has been notified of my |
| Venue | ta Sewel | |
| | issociating Member or Resignin | g Manager |
| _ | \$25.00 (Required) | |
| Certified Copy: | \$30.00 (Optional) | |