L07000065215

(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



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03/14/14--01003--003 **35.00



M. MILLIGAN EXAMINER

APR 11 2014



March 21, 2014

JOHN FREDERICK INSTALLATIONS DON ROUSH 331 SW EVA TERR LAKE CITY, FL 32024

SUBJECT: CURB WORX, LLC Ref. Number: L07000065215

We have received your document for CURB WORX, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a corporation, but your entity is a limited liability company. Please complete and return the enclosed blank form(s).

Please return 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) 245-6051.

Michelle Milligan Senior Section Administrator

Letter Number: 514A00006193

Thankyow!

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: CUT WOXY LLC (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:
Christy A Barker (Contact Person)
John Frederick Installations Une
331 Sw Eva Terrace (Address)
City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (3%) 293-5191 (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: MAILING ADDRESS:

Registration Section

P.O. Box 6327

Division of Corporations

Tallahassee, Florida 32314

CR2E079 (2/14)

Registration Section

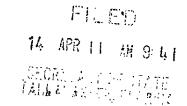
Clifton Building

Division of Corporations

2661 Executive Center Circle

Tallahassee, Florida 32301





FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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:	urbworx LC
2. The Florida docu	nment/registration number assigned to this limited liability company is:
_L0700	00 65 215
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is: 6/37/2014
4.1. Alirio	., hereby withdraw/resign as a ame of Person Resigning)
Vice Pro	esident
of this limited lial resignation in wri	oility company and affirm the limited liability company has been notified of my ting.
Mai y	Ciallo
Signature of Di	ssociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)