## LO7 000070954

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## **COVER LETTER**

**TO:** Registration Section Division of Corporations

SUBJECT: DURZON CONSTRU (Name of Limited Liab	bility Company)
The enclosed member, resignation or dissociation a	nd fee(s) are submitted for filing.
Please return all correspondence concerning this ma	atter to:
Ricardo 6022A/e2 (Contact Person)	
(Firm/Company)	
1879 NW 70 5T. (Address)	
M; Am; F1, 33147 (City/State and Zip Code)	
For further information concerning this matter, plea	ise call:
Ricardo Gonzalez at (at (	rea Code & Daytime Telephone Number)
Enclosed please find a check made payable to the F  ☐ \$25 Filing Fee	florida Department of State for: 55 Filing Fee & Certified Copy
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303



## 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 a	as it appears on the re	ecords of the Florida Department	
of State is:	MACON CONS	TRuction L	LC.	
2. The Florida docu	ment/registration number	assigned to this limite	ed liability company is:	
	0070954		, , ,	
3. The date this me	mber/manager withdrew/re	esigned or will withdr	raw/resign is: 06 - 18 - 2	
4. I, Ricare (Print No.	do GONZALEZ ime of Person Resigning)	, hereby withd	raw/resign as a	
MANS	Print Title)			
of this limited liab resignation in wri		the limited liability co	ompany has been notified of my	
ND			_	
Signature of Dis	ssociating Member or Resi	gning Manager		
			202	()
Filing Fee:	\$25.00 (Required)		1-1	
_	\$30.00 (Optional)		PIL SASS	r
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