10000088613

(Requestor's Name)	
(Address)	700160452167
(Address)	100100102101
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	09/14/0901021009 **\$5.00
(Document Number)	
Certified Copies Certificates of Status	SEÊNCIAA
Special Instructions to Filing Officer:	SEE OF SI
	STATE LORIDA

Office Use Only

S. HAWKES

SEP 1 5 2009

EXAMINER

COVER LETTER

TO:

Registration Section

Tallahassee, Florida 32301

CR2E079 (5/06)

Division of Corporations SUBJECT: Robert Wood Construction Consultants, 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: Clyde S Bexley (Contact Person) (Firm/Company) Oxford, FL 34484 (City/State and Zip Code) For further information concerning this matter, please call: Clyde S Bexley
(Name of Contact Person) at (352) 689-0094 (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 Registration Section Division of Corporations Division of Corporations** Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER EDOM ELODIDA OD FODEICN LIMITED LIABILITY COMPANY FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

I. The name of the limited liability company as it appears on the records of the Florida Department of State is: Robert Wood Construction Consultants, LLC		
2. This limited liability company was organized und Florida	der the laws of:	
3. The Florida document/registration number of this L07000088613	limited liability company is:	
4. I, Clyde S Bexley	, hereby resign as a Manager	
(Print Name of Person Resigning)	(Print Title)	
of this limited liability company and affirm the lin resignation in writing.	· /	
Signature of Resigning Member, Managing Member	per or Manager	
'		

\$25.00 (Required) \$30.00 (Optional)

Filing Fee: Certified Copy: