# C07000167815

(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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### FLORIDA DEPARTMENT OF STATE Division of Corporations

January 8, 2014

SHARON MACK 745 SE PORT SAINT LUCIE BLVD PORT ST LUCIE, FL 34984

SUBJECT: A-1 PROFESSIONAL CONTRACTING, LLC

Ref. Number: L07000107819

We have received your document for A-1 PROFESSIONAL CONTRACTING, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes.

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) 245-6051.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 814A00000468

#### **COVER LETTER**

TO: Registration Section
Division of Corporations

# SUBJECT: A-1 Professional Contracting, 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:

#### Sharon J Mack

(Contact Person)

#### Green and Gentry CPAs LLC

(Firm/Company)

#### 745 SE Port Saint Lucie Blvd

(Address)

#### Port Saint Lucie, FL 34984

(City/State and Zip Code)

For further information concerning this matter, please call:

#### Sharon J Mack

,,772 \ 879-977

(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

CR2E079 (5/06)



# FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	e limited liability company as 1 Professional Contractin		s of the Florida Department
2. The Florida doc <u>L07000107</u>	cument/registration number of 819	this limited liability cor	npany is:
3. The date this m	ember withdrew or will withd	raw is: January 2, 20	013
<sub>4. I,</sub> Jennifer B	Cherry	, hereby resign as a	Managing Member
(Print)	Name of Person Resigning)		(Print Title)
of this limited lieresignation in w	ability company and affirm the riting.	limited liability compa	
Signature of R	esigning of Dissociating Man	ager, Member	8H 28 20
Filing Fee:	\$25.00 (Required) \$30.00 (Optional)		(2) <b>5</b> (2)