L08 00000 9854

<i>'</i>	ŀ
(Requestor's Name)	
•	
(Address)	
(Address)	
(City/State/Zip/Phone #)	.
PICK-UP WAIT MAIL	
(Business Entity Name)	p design
(Document Number)	, on •••
,	
Certified Copies Certificates of Status	ia.
Special Instructions to Filing Officer:	
,	
,	i i

Office Use Only



000159100370

08/28/09--01015--002 **55.00

2009 AUG 28 PH 12: 59
SEDRETARY OF STATE
TAUL AHASSEE FLORIDA

T. CLINE

AUG 3 1 2009

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: AXXESS CONST	RUCTION SERVICES LL	<u> </u>
(Name of Lii	mited Liability Company)	
The enclosed member, managing member of filing.	or manager resignation and fee(s) are submit	tted for
Please return all correspondence concerning	g this matter to:	
ROBERT ALLEN		
(Contact Person)		
AXXESS CONSTRUCT	ION SERVICES	
13717 EVE MARA (Address)		
RIVERVIEW, FL (City/State and Zip Code)	33579	2009 SEG
For further information concerning this mat	tter, please call:	FILL 2009 AUG 28 SEGKETARN
ROBERT ALLEN	at (8/3) 67/-2762 (Area Code & Daytime Telephone Number to the Florida Department of State for:	B PM 12: 59 8 PM 12: 59 8 FE FORIO
(Name of Contact Person)	(Area Code & Daytime Telephone Number	
Enclosed please find a check made payable \$25 Filing Fee	to the Florida Department of State for: \$55 Filing Fee & Certified Copy	59 810A
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 32301	Tallahassee, Florida 32314	,

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	limited liability company as			partment
2. This limited liab	ility company was organized	l under the laws of:		
	ument/registration number of	f this limited liability com	npany is:	
	D. ALLOW Tame of Person Resigning)			
resignation in wr	bility company and affirm th iting.	e limited liability compan	iy nas been notifie	a or my
Signature of Resi	gning Member, Managing M	1ember or Manager		
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		SECRETARY	Parameter Control of the Control of
CR2E079 (5/06)			COF STATE	PH 2:5