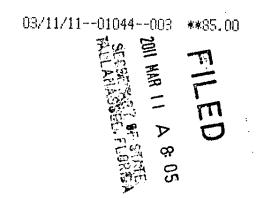
LD8000018913

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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Resign Thewis 3-16-11

COVER LETTER

TO: Amendment Section Division of Corporations

Amendment Section Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

·
SUBJECT: CONSTRUCTION MANAGEMENT SERVICES, LLC Name of Limited Liability Company
DOCUMENT NUMBER: L08000018913
The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
JODY AMMONS Name of Person
Name of Person
Name of Firm/Company
11578 ALEXIS FOREST DRIVE Address
JACKSONVILLE, FL 32258 City/State and Zip Code
jammons477@gmail.com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
WENDY JOHNS at (904) 545-3840 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.
MAILING ADDRESS: STREET ADDRESS:

Amendment Section **Division of Corporations** Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

RESIGNATION OF REGISTERED AGENT FOR A LIMITED **LIABILITY COMPANY**

Pursuant to the provisions of section 608.416(2) or 608.509, Florida	da Statutes, the undersigned,	强重元
WENDY JOHNS	, hereby resigns as	
Name of Registered Agent		V V
Registered Agent for		
CONSTRUCTION MANAGEMENT	SERVICES, LLC	\$200 S
Name of Limited Liability Company		7
L08000018913		
Document Number, if known		
A copy of this resignation was mailed to the above listed limited l	iability company at its last kn	own address.
The agency is terminated and the office discontinued on the 31st e	lay after the date on which thi	is statement is filed.
Wignature of Resigning	g Agent	
If signing on behalf of an entity:		
Typed or Printed Name		

Capacity

FILING FEES:
\$85.00 Active limited liability company
\$25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

Make checks payable to Florida Department of State and mail to: **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314