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DEPARTERY OF STATE
INVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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COVER LETTER

SUBJECT: COnstruction Services U.S. 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: (Contact Person) (Southwithon Services U.S. LLC
filing. Please return all correspondence concerning this matter to:
Please return all correspondence concerning this matter to:
Edwin Hillers (Contact Person)
(Contact Person)
Construction Services U.S. LCC (Firm/Company)
(Firm/Company)
267 John Knox Rd. Str. 110 (Address)
Tallahassel, FL 32303 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (850) 297-0015 (Area Code & Daytime Telephone Number)
(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: MAILING ADDRESS:
Registration Section Registration Section
Division of Corporations Clifton Building Division of Corporations P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32314

CR2E079 (5/06)

Tallahassee, Florida 32301



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	nited liability company as it appe		the Florida Department
2. This limited liability	y company was organized under	the laws of:	OR AUG 18 PM
	ent/registration number of this li	mited liability compa	any is: PLORIDE
·	e of Person Resigning) ity company and affirm the limite	hereby resign as a	(Print Title) has been notified of my
Signature of Resign	ing Member, Managing Member	r or Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		