# L080000048047

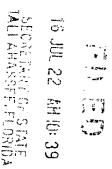
(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
WAIT MA	IL				
(Business Entity Name)					
(Document Number)					
Certificates of Status					
Special Instructions to Filing Officer:					
	(Address)  (City/State/Zip/Phone #)  (Business Entity Name)  (Document Number)  Certificates of Status				

Office Use Only



700287505307

07/22/16--01007--016 \*\*25.00



J. HARRIS

#### **COVER LETTER**

Division of Corporations				
SUBJECT: Too Covolvation Fl, LU (Name of Limited Liability Company)				
(I value of Entitled Entermy Company)				
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter to:				
Alejandro Azcano (Contact Person)				
Iton Construction (Firm/Company)				
3195 N. Powerline Rd. # 110				
Pompano Beach, FL 33669 (City/State and Zip Code)				
For further information concerning this matter, please call:				
Alejandro Azcano at (56) 352-6449 (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				

#### 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 (2/14)



### FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

(Pursuant to 605.0216, Florida Statutes)

	mited liability company as it a	• •	<del>-</del>
of State is:	Icon Constr	ruction FL, L	
	nent/registration number assig	ned to this limited liability co	ompany is:
T08000	C48047		
3. The date this mem	ber/manager withdrew/resign	ed or will withdraw/resign is:	7/18/16
4. I, Aejand (Print Nam	ne of Person Resigning)	_, hereby withdraw/resign as	s a
<u>managin</u>	g membe/.		
of this limited liabi resignation in writi	lity company and affirm the li	mited liability company has b	peen notified of my
al			
Signature of Diss	ociating Member or Resignin	g Manager	AEC B
			AH JE
Filing Fee:	\$25.00 (Required)		SSE N
Certified Copy:	\$30.00 (Optional)		TO E
			AHIO: 3