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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
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PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
·(Do	cument Number)	
Certified Copies	Certificates	of Status
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Special Instructions to	Filing Officer	
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SECRETARY OF STATE
TALL A PASSEE FLORID.

Office Use Only

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: GRACE BUILT CON (Name of Limited)	STRUCTION LLC Liability Company)
The enclosed member, managing member or ma filing.	anager resignation and fee(s) are submitted for
Please return all correspondence concerning this	s matter to:
STAN P OLONNAR (Contact Person)	
(Firm/Company)	
2233 GREENWAY 30 (Address)	
ST PETEUS BURG, FL 337 (City/State and Zip Code)	12
For further information concerning this matter,	please call:
SEAN OCONNOR OF KENDER at (Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the \$25 Filing Fee	ne Florida Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (5/06)

Tallahassee, Florida 32301



FILED

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SECRETARY OF STATE TALLAHASSEE FLORIDA

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 it appears on the records of the Florida Departmen ACE BUILT CONSTRUCTION LLC
2. This limited liab	ility company was organized under the laws of:
	ument/registration number of this limited liability company is:
4. I, SPAN PA (Print N	TRICK O'CONNUR, hereby resign as a MANAGER (Print Title)
of this limited lia resignation in wr	bility company and affirm the limited liability company has been notified of my iting.
Sean Pi	O'Connor
Signature of Resi	gning Member, Managing Member or Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)