L890001921,Z

(Requestor's Name)				
(Address)				
(Address)				
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
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Certified Copies	_ Certificates	s of Status		
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EXAMINER



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SUCKETARY OF STATE VLLAHASSEE, FLORIDA 12 NOV - 1 PM 4: 0!

COVER LETTER

CR2E079 (5/06)

TO: Registration Section Division of Corporations	
SUBJECT: Ray's Construction Serv	ices, LLC
(Name of Limite	a Liability Company)
The enclosed member, managing member or n filing.	nanager resignation and fee(s) are submitted for
Please return all correspondence concerning th	is matter to:
Maricel Rodriguez	
(Contact Person)	
Ray's Construction Services, LLC	
(Firm/Company)	
1900 Avenue H	
(Address)	
Maratrhon, Fl 33050	
(City/State and Zip Code)	
For further information concerning this matter	, please call:
Maricel Rodriguez	at (305) 731-9618
(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 &
<u>V</u>	Certified Copy
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



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	imited liability company as 's Construction Serv		s of the Florida Department
2. This limited liabi	lity company was organized	under the laws of:	
3. The Florida docu <u>L09000019</u>	ment/registration number of 262	this limited liability cor	npany is:
of this limited liab	ility company and affirm the		Managing Member (Print Title) ny has been notified of my
resignation in wri	gning Member, Managing M	1ember or Manager	12 NOV - I
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		-I PM 4: 09 WAY OF STATE ASSEE, FLORID