LU70000 55043

(Requestor's Name)				
(Address)				
(Address)				
(Address)				
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nar	ne)		
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10.	- AN 1 X			
(DC	cument Number)			
Certified Copies	_ Certificates	of Status		
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Special Instructions to	Filing Officer:			

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JUN 0 5 2018

COVER LETTER

TO: Registration Section Division of Corporations	
DUNN CONTRACTING LLC	
SUBJECT: (Name of Limited Liability C	Tompany)
The enclosed member, resignation or dissociation and fee	e(s) are submitted for filing.
Please return all correspondence concerning this matter to) :
JAMES R DUNN	
(Contact Person)	
(Firm/Company)	
5580 63RD WAY NORTH	
(Address)	
ST PETERSBURG, FL 33709	
(City/State and Zip Code)	<u> </u>
For further information concerning this matter, please cal	II:
JAMES DUNN 727	831-9842
(Name of Contact Person) (Area Co	de & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida ■ \$25 Filing Fee □ \$55 Filing	Department of State for: ing Fee & Certified Copy
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)

	the limited liability company as UNN CONTRACTING LLC	it appears on the records of the F	Florida Department
2. The Florida d L09000055		signed to this limited liability con	mpany is:
3. The date this	member/manager withdrew/resi	gned or will withdraw/resign is:	05/31/2018
		hereby withdraw/resign as	
(Prii	nt Name of Person Resigning)		
	ZED MEMBER		
	(Print Title)		
resignation in		e limited liability company has be	een notified of my
Filing Fee:	\$25.00 (Required)		1081JA

Certified Copy:

\$30.00 (Optional)