

LOG000095769

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

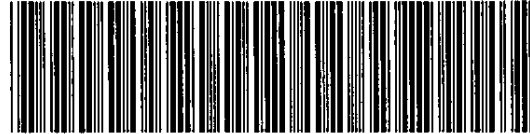
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CPR Contracting LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Amendment or Cancellation of Statement of Authority and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jason Bousquet

Name of Person

CPR Contracting LLC

Firm/Company

11468 New Berlin Road

Address

Jacksonville, FL 32226

City/State and Zip Code

jason@cprcontracting.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jason Bousquet

Name of Person

904
at ()

Area Code

723-3500

Daytime Telephone Number

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

AMENDMENT OR CANCELLATION OF STATEMENT OF AUTHORITY

Pursuant to section 605.0302(2), Florida Statutes, this limited liability company submits the following:

FIRST: The name of the limited liability company is: CPR Contracting LLC

SECOND: The Florida Document number of the limited liability company is: L09000095769

THIRD: The street address of the limited liability company's principal office is:

11468 New Berlin Road

Jacksonville, FL 32226

The mailing address of the limited liability company's principal office is:

11468 New Berlin Road

Jacksonville, FL 32226

FOURTH: The date the statement of authority became effective is: April 17, 2015

FIFTH: The statement of authority is cancelled.

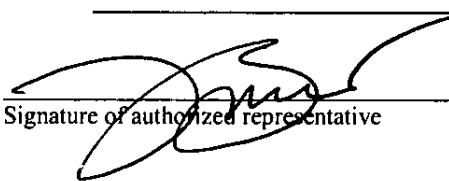
OR

The amendment to the statement of authority is

Glen Ballard may NOT enter into transactions on behalf of, NOR

otherwise act for or bind the company. Glen Ballard should be

deleted from the Statement of Authority for CPR Contracting LLC.


Signature of authorized representative

Jason Bousquet

Typed or printed name of signature

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)

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