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T. CLINE
AUG - 2 2010
EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: Echelon Constru	ction	SERVICES	4.6.	
(Name of Li	imited Liab	ility Company)		
The enclosed member, managing member of filing.	or manage	er resignation and fe	ee(s) are submitted	l for
Please return all correspondence concernin	g this ma	tter to:		
TRACY SAYLOR (Contakt Person)				
(Contact Forson)			矛の	
				61 TO
(Firm/Company)			五五	到 30
601 SE 4712 St.			SECRETARY OF STATE	30
(Address)			5.5 5.5 5.5 5.5 5.5 5.5 5.5 5.5 5.5 5.5	3.6
Cape Coral, F.C. 33	3904		RIDA RIDA	24
For further information concerning this ma	tter, pleas	se call:		
(Name of Contact Person)	at (39 677- a Code & Daytime To	/449 elephone Number)	
Enclosed please find a check made payable \$25 Filing Fee	e to the Fl	orida Department of \$55 Filing Fe Certified C	e &	
STREET/COURIER ADDRESS:		MAILING	ADDRESS:	
Registration Section		Registration		
Division of Corporations Clifton Building		Division of (P.O. Box 63	Corporations	
2661 Executive Center Circle	•	The second secon	Florida 32314	
Tallahassee, Florida 32301	•		;	

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	nited liability company as it ap	-		partment
	y company was organized und	ler the laws of:	SECRETARY I	1 JUL 30
3. The Florida docum	ent/registration number of this	limited liability company i	OF STATE	1 2 2 4
4. I, Tancy 51 (Print Nam of this limited liabil resignation in writin	e of Person Resigning) ity company and affirm the ling.	, hereby resign as a Mana	Aging Ma (Print Title) been notifie	ed of my
Signature of Resign	ing Member, Managing Meml	ber or Manager		
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)			