## 110000018753

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(Address)
(Address)
(City/State/Zip/Phone #)
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## **COVER LETTER**

TO:	8		
	Division of Corporations		
SUBJ	SBC Construction, LLC		
	(Name of Lin	nited Liability Con	npany)
The e	nclosed member, resignation or dissoc	iation and fee(s	) are submitted for filing.
Please	e return all correspondence concerning	this matter to:	
Mary	E. Lathers		
	(Contact Person)		_
SBC	Construction, LLC		
	(Firm/Company)		<del>-</del>
441 (	Candlewood Lane		_
	(Address)		_
Naple	es, FL 34110		
	(City/State and Zip Code)	, -	_
For fu	urther information concerning this mat	ter, please call:	
Mary	E Lathers	239 at (	384-3461
	(Name of Contact Person)		& Daytime Telephone Number)
	osed please find a check made payable 5 Filing Fee	to the Florida I	Department of State for: g Fee & Certified Copy
	EET/COURIER ADDRESS:		MAILING ADDRESS:
_	stration Section ion of Corporations		Registration Section Division of Corporations
	on Building		P.O. Box 6327
2661	Executive Center Circle hassec, Florida 32301		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 name of the limited liability company as it appears on the records of the Florida Department of State is:
The Florida document/registration number assigned to this limited liability company is:  L10000018753
The date this member/manager withdrew/resigned or will withdraw/resign is:
Mary E Lathers hereby withdraw/resign as a  (Print Name of Person Resigning)
Managing Member/Owner
(Print Title)  of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.
Mary E. Java
Signature of Dissociating Member or Resigning Manager  Siling Fee: \$25.00 (Required)

Certified Copy: \$30.00 (Optional)