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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: REYCAMP CABLE CONSTRU  (Name of Limited Liability	······································
(Name of Difficed Diability	· ·
The enclosed member, managing member or manager refiling.	esignation and fee(s) are submitted for
Please return all correspondence concerning this matter	to:
JAIME REYES	11.00 M
	AA A
(Contact Person)	AS
REYCAMP CABLE CONSTRUCTION, LI	TLAHASSEE, FLOR
(Firm/Company)	S T
6928 ORVICTI COURT	OF STATE FLORIES
(Address)	•
WESLEY CHAPEL, FL 33544	
(City/State and Zip Code)	••••••••••••••••••••••••••••••••••••••
For further information concerning this matter, please ca	all:
RICHARD A BOYKO, EA at 727	1
(Name of Contact Person) (Area C	ode & Daytime Telephone Number)
Enclosed please find a check made payable to the Floric	ia Department of State for: \$55 Filing Fee &
y 323 riiiig ree	Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building 2661 Executive Center Circle	P.O. Box 6327 Tallahassee, Florida 32314
Tallahassee, Florida 32301	rananassee, riorida 32314

CR2E079 (5/06)



## 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 it ap		the Florida	Department	
2. This limited liabil FLORIDA	ity company was organized und	er the laws of:		2012 JUL 27	
<u>.</u>	ment/registration number of this	limited liability compan	ıy is:	27 PH O	LED
4. I, JOSE D RE	EYES	, hereby resign as a MC	GRM	7. 33. 0.4.	
	me of Person Resigning)	·	(Print T	itle)	~
of this limited liab resignation in writ		ited liability company h	as been no	otified of my	
	ning Member, Managing Memb	er or Manager			
Filing Fee:	\$25.00 (Required)				
Certified Copy:	\$30.00 (Optional)				