<u> 10000060438</u>

(Requestor's Name)					
(Address)					
(Address)					
(City/State	/Zip/Phone #)				
PICK-UP	WAIT MAIL				
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10 DEC 29 AHII: 45
SECRETARY OF STATE
AND SEFF. FI ORIO

J. BRYAN

EXAMINER

DEC & 0 2010

COVER LETTER

Division of Corporations			
SUBJECT: SOUTH FLORIDA CONSTRUCTI (Name of Limited Liability Con			
(Name of Emitted Elability Con	ipany)		
The enclosed member, managing member or manager resig filing.	nation and fee(s) are submitted for		
Please return all correspondence concerning this matter to:			
MICHAEL T GRECZ	_		
(Contact Person)	•		
SOUTH FLORIDA CONSTRUCTION CONN			
(Firm/Company)			
2660 SE 13TH COURT	EC 29		
(Address)			
POMPANO BEACH, FL 33062	O DEC 29 AM 11: 45 SECRETARY OF STATE ALLAHASSEE, FLORIT		
(City/State and Zip Code)	55 5		
For further information concerning this matter, please call:			
MICHAEL T GRECZ at (954_	782-6542		
(Name of Contact Person) (Area Code	& Daytime Telephone Number)		
Enclosed please find a check made payable to the Florida D \$25 Filing Fee \$\$	Department of State for: 55 Filing Fee &		
V 423 1 mmg 1 cc	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		
2001 Executive Center Circle	rananassee, monua 32317		

CR2E079 (5/06)

Tallahassee, Florida 32301

TO: Registration Section



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 a				
2. This limited liabi FLORIDA	lity company was organized un	der the laws of:		10 DEC 29 SEURETAN FALLAHASS	The second
3. The Florida docu L10000060	ment/registration number of thi	is limited liability con	npany is:	29 AM 11:46 ARY OF STATE ASSEE, FLORID	
4. I, MICHAEL	T GRECZ	_, hereby resign as a	MANA	GER	
(Print Na	me of Person Resigning)		(Pi	rint Title)	
of this limited liab resignation in writ	ility company and affirm the li	mited liability compa	ny has bee	en notified o	f my
Men	1.2				
Signature of Resig	ning Member, Managing Mem	iber or Manager			
Filing Fee:	\$25.00 (Required)				
Certified Copy:	\$30.00 (Optional)				