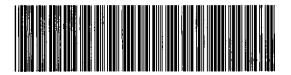
## L10000062150

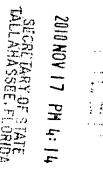
(Requestor's Name)	
(requests o reality)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
(Document (variber)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

Office Use Only



900187755789

11/17/10--01005--006 \*\*25.00



J. SAULSBERRY EXAMINER

NOV 1 8 2010



## **COVER LETTER**

TO: Registration Section Division of Corporations	
Sebseci:	estruction, L.L.C.
(Name of Limited Liabil	ity Company)
The enclosed member, managing member or manager filing.	resignation and fee(s) are submitted for
Please return all correspondence concerning this matt	er to:
Lawrence Lenk	
(Contact Person)	
Lawrenn Construction, L.L.C.	2010 SECLLA
(Firm/Company)	NOV KHA
2120 15th Place	OIO NOV 17 PM 4: 1
(Address)	To a
Vero Beach, FL 32960	ORIDA
(City/State and Zip Code)	
For further information concerning this matter, please	call:
Lawrence Lenk at (_ 32	
(Name of Contact Person) (Area	Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Flor  \$25 Filing Fee	rida Department of State for:  \$55 Filing Fee &  Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 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

	limited liability company as it a		of the Flori	da Depa	rtment
of State is:	Lawrenn Construction, I	L.C.		<b>⊼</b>	2(
	oility company was organized un			ECRETARY OF STA	OIONOVIT PM 4: 14
3. The Florida doc <u>L1000006</u>	ument/registration number of thi	s limited liability comp	oany is:	ATE ADA	=
<sub>4. I,</sub> Gwenn Jo	ones	_, hereby resign as a _	MGR		
(Print Name of Person Resigning)			(Print	Title)	
resignation in w	bility company and affirm the lir iting. igning Member, Managing Mem		/ has been i	notified	of my
Filing Fee:	\$25.00 (Required) \$30.00 (Ontional)				