## L100000 97593

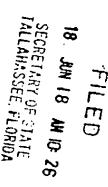
(Req	uestor's Name)		
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(City/	/State/Zip/Phon	e #)	
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## **COVER LETTER**

TO:	_	stration Section ion of Corporations			
SUBJI	ECT:	Advanced Demolition, LLC			
		(Name of Limited Liability Company)			
The en	closed	l member, resignation or dissoci	iation and fee(s	) are submitted for filing.	
Please	return	all correspondence concerning	this matter to:		
Edwir	n Cha	pman			
		(Contact Person)		<b></b>	
Advai	nced I	Demolition, LLC			
		(Firm/Company)		_	
500 E	. Sen	noran Blvd., Suite 2036		_	
		(Address)			
Cass	elberr	y, FI 32707		_	
		(City/State and Zip Code)		_	
For fu	rther is	nformation concerning this matt	cr, please call:		
Edwir	n Cha	pman	407 at (	808-2861	
	(N	lame of Contact Person)	(Area Code	& Daytime Telephone Number)	
	sed plo 5 Filing	ease find a check made payable of Fee		Department of State for: 3 Fee & Certified Copy	
-		OURIER ADDRESS:		MAILING ADDRESS:	
_		Section Corporations		Registration Section Division of Corporations	
	n Buik	•		P.O. Box 6327	
2661 F	Execut	ive Center Circle Florida 32301		Tallahassee, Florida 32314	
ranan	iassee,	1 101144 32301			

CR2E079 (2/14)



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS



## DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER EN

(Pursuant to 605.0216, Florida Statutes)

	limited liability company as it appears on the records of the Florida Department anced Demolition, LLC
2. The Florida docu L10000097593	ment/registration number assigned to this limited liability company is:
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is:
4. I, Edward Gusl	
MGR	
	Print Title)
of this limited liab resignation in wr	bility company and affirm the limited liability company has been notified of my ting.
Ed I	cohimen -
Signature of Di	ssociating Member or Resigning Manager
_	\$25.00 (Required) \$30.00 (Optional)