L10000104903

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	⇒ #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



700255552627

01/15/14--01013--002 **25.00

2014 JAN 15 PH 1: 24 SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Site Plan Constru	ited Liability Company)
The enclosed member, resignation or dissoci	ation and fee(s) are submitted for filing.
Please return all correspondence concerning	this matter to:
Jacqueline Qualls	
(Contact Person)	· · · · · · · · · · · · · · · · · · ·
Site Plan Construction L	LC
(Firm/Company)	
1118 NE 39th St	
(Address)	· ·-
Cape Coral, FL 33909	
(City/State and Zip Code)	
For further information concerning this matter	er, please call:
Jacqueline Qualls	at (239) 344-8504
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable t \$\begin{align*} \black 25 \text{ Filing Fee} \end{align*}\$	o the Florida Department of State for: \$\square\$ \$\\$\\$ \$\\$ \$\\$ \$\\$ Filing Fee & Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section Division of Corporations	Registration Section Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314

Tallahassee, Florida 32301

CR2E079 (12/13)



FILED 2014 JAN 15 PM 1: 24 SEURLTARY OF STATE TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OR DISSOCIATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

	limited liability company as it appears on the records of the Florida Department Plan Construction .
2. The Florida docu L100001049	ument/registration number of this limited liability company is:
3. The date this me	mber withdrew or will withdraw is:
4. I, Phillip Qual	·
of this limited lial resignation in wri	bility company and affirm the limited liability company has been notified of my iting.
1000	2
Signature of Re	signing or Dissociating Manager, Member
Filing Fee:	\$25.00 (Required)
of this limited lial resignation in write Signature of Re	bility company and affirm the limited liability company has been notified of my iting. Signing or Dissociating Manager, Member