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SECRETAKY OF STATE
TALLAHASSEE, FLORIDA

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FILEU

D. SCOTT NOV 2 9 2016

COVER LETTER

Division of Corporations
SUBJECT: Restoration & Construction Specialists, LLC. (Name of Limited Liability Company)
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:
Joseph M. Mantione (Contact Person)
Restoration & Construction Specialists, LLC. Firm/Company)
(Firm/Company) 135 Calle El Jardin #202 (Address) Augustine FL 32095
1. Augustine FL 37095 (City/State and Zip Code)
For further information concerning this matter, please call:
Toe Mentione at (90 4) 945-3747 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$\frac{1}{2}\$\$\$25 Filing Fee \$\frac{1}{2}\$\$\$ Filing Fee & Certified Copy
STREET/COURIER ADDRESS: MAILING ADDRESS:

Registration Section

P.O. Box 6327

Division of Corporations

Tallahassee, Florida 32314

CR2E079 (2/14)

Registration Section

Division of Corporations Clifton Building

2661 Executive Center Circle

Tallahassee, Florida 32301

TO: Registration Section



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

(Pursuant to 605.0216, Florida Statutes)

1. The name of the	limited liability company as i	it appears on the records of the F	lorida Department
of State is: <u>Re</u> :	storation & Construct	ion Specialists, LC	•
2. The Florida docu	ment/registration number ass	signed to this limited liability cor	mpany is:
61000011	0022	·············	
3. The date this men	mber/manager withdrew/resig	gned or will withdraw/resign is:	12/3//2016
		, hereby withdraw/resign as	•
MGRM	<u>\</u> . Print Title)		
of this limited liab resignation in wri		e limited liability company has be	een notified of my
Aust	4. Moles		SECF
Signature of Di	ssociating Member or Resign	ning Manager	FILE NOV 28 RETARY OF ATHASSEE.
	\$25.00 (Required) \$30.00 (Optional)		ED. 8 PH 3: 2: Y OF STATE SEE, FLORID