## L11000042223

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

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: APRO Construction Group UC (Name of Limited Liability Company)
The enclosed member, managing member or manager resignation and fee(s) are submitted failing.
Please return all correspondence concerning this matter to:
Sacc Natal (Contact Person)
APRO Construction Group UC (Firm/Company)
6/2 E Colonial Drive Ste 350 (Address)
Orlando Florida 32803 (City/State and Zip Code)
For further information concerning this matter, please call:
Name of Contact Person at (949) 705-7619  (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for:  \$25 Filing Fee \$  Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building P.O. Box 6327 Tollaharsea, Florida 32314

CR2E079 (5/06)

Tallahassee, Florida 32301



## 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 appears on the records of the Florida Department
of State is:	PRO Construction Group We
	ity company was organized under the laws of:
	ment/registration number of this limited liability company is:
	nent/registration number of this limited liability company is:
4. I, <u>Joseph</u> (Prim Na.	h C Indriolo, hereby resign as a MGRM (Print Title)
of this limited liab resignation in writ	ility company and affirm the limited liability company has been notified of my ing.
	Zue 12.31.2012
Signature of Resig	ning Member, Managing Member or Manager
<del>-</del>	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)