L11000077631

(Requ	uestor's Name)	
(Addr	ess)	
(Addr	ess)	
(City/	State/Zip/Phon	e #)
PICK-UP		_
(Busi	ness Entity Na	me)
(Doct	ument Number	<u> </u>
Certified Copies	Certificate	s of Status
Special Instructions to Fi	iling Officer:	
	(

Office Use Only

B. KOHR AUG 2 7 2012

EXAMINER



000238807350

08/23/12--01018--013 **25.00

SECRETARY OF STATE DIVISION OF CONFURATIONS

COVER LETTER

TO: Registration Section	
Division of Corporations	
.	•
SUBJECT: Construction by Costanz	za LLC
· (Name of Limite	ed Liability Company)
The enclosed member, managing member or n filing.	79
Please return all correspondence concerning th	nis matter to:
Debbie Conklin	,
(Contact Person)	
Construction by Costanza LLC	
(Firm/Company)	
8538 Bench Dr Unit 1	
(Address)	
Port Richey, FL 34668	
(City/State and Zip Code)	
For further information concerning this matter,	, please call:
same	at (727 ₎ 807-7815
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to \$25 Filing Fee	the Florida Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section Division of Corporations	Registration Section
Clifton Building	Division of Corporations P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	,

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

1. The name of the of State is: Cor	limited liability company as nstruction by Costan: ility company was organized orida	s it appears on the records za LLC	of the Florida Department
2. This limited liab State of FL	ility company was organized orida	d under the laws of:	PM 12: 13
	ument/registration number o		
4. I, Peter E Co	ostanza	, hereby resign as a	MGRM
(Print N	ame of Person Resigning)	, , ,	(Print Title)
resignation in wr	pility company and affirm the iting.	ne limited liability compar	ny has been notified of my
Signature of Resi	gning Member, Managing N	Member or Manager	
•	\$25.00 (Required) \$30.00 (Optional)		