## 1190000000

(F	Requestor's Name)			
(Address)				
(Address)				
(0	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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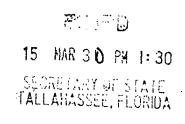
K WHILE

## **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT: Bolcor Construction Group,			
(Name of Lim	ited Liability Cor	npany)	
The enclosed member, resignation or dissoci	ation and fee(s	s) are submitted for filing.	
Please return all correspondence concerning	this matter to:		
Kristopher Bollinger			
(Contact Person)		_	
Bolcor Construction Group, LLC.			
(Firm/Company)		······································	
12651 McGregor Boulevard #403			
(Address)		-	
Fort Myers, FL 33919			
(City/State and Zip Code)		_	
For further information concerning this matter	er, please call:		
Kristopher Bollinger	239	471-0197	
(Name of Contact Person)	(Area Code	& Daytime Telephone Number)	
Enclosed please find a check made payable to the Florida Department of State for:  \$\mathbb{\mathbb{A}}\$ \$25 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 32301		Tallahassee, Florida 32314	

CR2E079 (2/14)





## 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	it appears on the records of the Florida Department	
of State is: Bold	cor Construction Group, LL	.C.	
2. The Florida doc	ument/registration number as	ssigned to this limited liability company is:	
L1200000509	99		
3. The date this me	ember/manager withdrew/res	igned or will withdraw/resign is: 3/15/15	
4. 1, John P. Christensen  (Print Name of Person Resigning)		hereby withdraw/resign as a	
(Print )	Name of Person Resigning)	, nerecy wardawitesign as a	
	stered Agent		
resignation/in/w		e limited liability company has been notified of my	
•	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		