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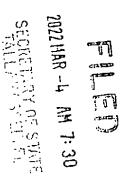
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COVER LETTER

	Registration Section Division of Corporations		• • • • • • • • • • • • • • • • • • •	
oun in	FRAMING CONSTRUCTION L	LC		
SUBJE	(Name of Limited Liability Company)			
The encl	osed member, resignation or diss	ociation and fee((s) are submitted for filing.	
Please re	eturn all correspondence concerni	ng this matter to	:	
DANIEL	DUARTE GOUVEIA PITA			
	(Contact Person)		_	
			_	
	(Firm/Company)			
30073 SC	OUTHWELL LN			
	(Address)	·	_	
WESLEY	CHAPEL, FL 33543			
	(City/State and Zip Code)			
For furth	ner information concerning this m	atter, please call	:	
DANIEL	DUARTE GOUVEIA PITA	786 at (454-5968)	
	(Name of Contact Person)	(Area Cod	e & Daytime Telephone Number)	
	d please find a check made payab		-	
■ \$ 25 F	Filing Fee	□ \$55 Filir	ng Fee & Certified Copy	
_	dailing Address:		Street Address:	
	Registration Section Division of Corporations		Registration Section Division of Corporations	
F	P.O. Box 6327		The Centre of Tallahassee	
7	fallahassee, FL 32314		2415 N. Monroe Street, Suite 81 Tallahassee, FL 32303	

CR2E079 (2/14)



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2022 HAR -4 AM 7: 30

SECRETARY OF STATE TALLARY SEE, SL

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)

	limited liability company as it	t appears on the records of the Florida Department
2. The Florida doc:	ument/registration number ass	igned to this limited liability company is:
3. The date this mo	ember/manager withdrew/resig	ned or will withdraw/resign is:
SILVIO COME	7	hereby withdraw/resign as a
MGR		
	(Print Title)	
of this limited lia resignation in wr		limited liability company has been notified of my
Signature of D	issociating Member or Resign	ing Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	