<u>u 1000052008</u>

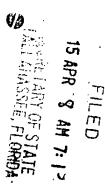
	ada Nama)	
(Request	or's Name)	
(Address)	
(Address)	
		,
(City/Stat	te/Zip/Phone #)	
PICK-UP] WAIT	MAIL
(Busines	s Entity Name)	
(Docume	nt Number)	
Certified Copies	Certificates of	Status
Special Instructions to Filing	Officer	
operationations to 1 ming	Omocr.	
		į
		;
		I ja

Office Use Only



500271436485

04/08/15--01010--021 **55.00





COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: C&B Contracting Group L1	LC	
	imited Liability Com	pany)
The enclosed member, resignation or disso	ciation and fee(s)	are submitted for filing.
Please return all correspondence concerning	g this matter to:	
Christian Binet	•	
(Contact Person)		
C&B Contracting Group LLC		
(Firm/Company)		
4401 se 3rd Place		
(Address)		•
Keystone Heights, FL,32656		
(City/State and Zip Code)		•
For further information concerning this ma	tter, please call:	
Christian Binet	352	318-8302
(Name of Contact Person)	(Area Code	& Daytime Telephone Number)
Enclosed please find a check made payable ☐ \$25 Filing Fee		epartment of State for: Fee & Certified Copy

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

CR2E079 (2/14)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314



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 a		ords of the Florida Department
2. The Florida docu	ment/registration number a	assigned to this limited	d liability company is:
3. The date this me	mber/manager withdrew/re	signed or will withdra	ew/resign is:
4. I, Sylvain Caro		, hereby withdra	aw/resign as a
Managing Me			
	Print Title)		
of this limited liab resignation in wri	oility company and affirm ting.	he limited liability cor	mpany has been notified of my
Signature of Dis	ssociating Member or Resi	gning Manager	R & AM
_	\$25.00 (Required) \$30.00 (Optional)		AM 7: 13 OF STATE E. FLORIDA