L12000068416

(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:	

Office Use Only



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04/27/15--01054--006 **25.00

resignation of



5/4/15

COVER LETTER

Division of Corporations	
SUBJECT: Bender Construction Company, LLC	
(Name of Limited Liability Com	pany)
The enclosed member, resignation or dissociation and fee(s)	are submitted for filing.
Please return all correspondence concerning this matter to:	
Jane Bender	
(Contact Person)	•
Bender Construction Company, LLC	
(Firm/Company)	•
3801 Commerce Loop	
(Address)	•
Orlando, FL 32808	
(City/State and Zip Code)	-
For further information concerning this matter, please call:	
Jane Bender 407	578-2210
	& Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: ■ \$25 Filing Fee	
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)



FILED 2015 APR 27 PM 4: 29



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

(Pursuant to 605.0216, Florida Statutes)

	limited liability company as it appears on the records of the Florida Department der Construction Company, LLC
2. The Florida docu L1200006841	ment/registration number assigned to this limited liability company is:
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is:
4. I, Ralph Bende	
Manager	
	(Print Title)
resignation in wr	bility company and affirm the limited liability company has been notified of my iting. ssociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required) \$30.00 (Optional)