## L12000083/66

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT .	MAIL
(Bu	ısiness Entity Nar	me)
(Document Number)		
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		
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TALLAHASSEE, FLORIO,

14 OCT 10 PM 2: 23

OCT 22 2014 T. CARTER

LLC M/MGR RESIGN

## **COVER LETTER**

TO: Registration Section

Tallahassee, Florida 32301

CR2E079 (2/14)

Division of Corporations

mited Liability Company)
ciation and fee(s) are submitted for filing.
g this matter to:
tter, please call:
at (561 ) 301.9007
(Area Code & Daytime Telephone Number)
to the Florida Department of State for:  \$\square\$ \$\\$55 \text{Filing Fee & Certified Copy}\$
MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, Florida 32314



SECRETARY OF STATE
TALLAHASSEE, FLORIDA
14 OCT 10 PM 2: 23

## 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: AHCI	HWAY CONSTRUCTION, LLC
2. The Florida docu	ment/registration number assigned to this limited liability company is:
L12000083166	
3. The date this men	mber/manager withdrew/resigned or will withdraw/resign is: 10/1/14
4. I, <u>JOHN LEFLE</u> (Print No	, hereby withdraw/resign as a me of Person Resigning)
MGRA	Print Title)
of this limited liab resignation in wri	bility company and affirm the limited liability company has been notified of my ting.
$\mathcal{M}$	Lyl-
Signature of Dis	ssociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)
Certified Conv:	\$30.00 (Optional)