

L12 000 118480

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

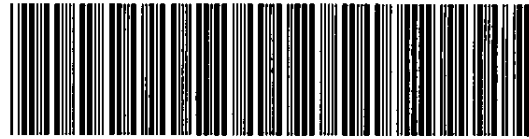
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600260362306

06/11/14--01005--012 \*\*25.00

FILED  
14 JUN 11 PM 3:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JUN 24 2014  
C. CARROTHERS

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** BuildPlus LLC  
(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

BRET POE  
(Contact Person)

\_\_\_\_\_  
(Firm/Company)

3904 N. HWY 19A #2  
(Address)

MT. DORA, FL 32757  
(City/State and Zip Code)

For further information concerning this matter, please call:

BRET POE at (352) 735-8258  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**STREET/COURIER ADDRESS:**

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

**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)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: BUILDPLUS LLC

2. The Florida document/registration number assigned to this limited liability company is:

L12000118480

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 6-9-14

4. I, BRET POE, hereby withdraw/resign as a  
(Print Name of Person Resigning)

MGIR  
(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

B+C Pa  
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)

FILED  
14 JUN 11 PM 3:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA