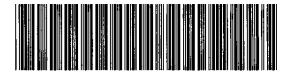
L12000128815

(Requestor's Name)					
(Address)					
(Address)					
(Cit	y/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	s of Status			
Special Instructions to Filing Officer:					

Office Use Only



600262953726

Asignation 98/08/14-01010-031 **25.00



8/18/14

COVER LETTER

TO:	_	tration Section ion of Corporations			
SUBJ	ECT:	Big Easy Construction Service		22221	
		(Name of Limit	ed Liability Con	npany)	
The er	nclosed	member, resignation or dissocia	tion and fee(s) are submitted for filing.	
Please	return	all correspondence concerning the	his matter to:		
Tracy	/ Sper	anzo			
		(Contact Person)	· · ·	_	
Big E	asy C	onstruction Services, LLC			
		(Firm/Company)		-	
5600	Jaker	Ln			
		(Address)		_	
Pens	acola,	FL 32526			
		(City/State and Zip Code)		_	
For further information concerning this matter, please call:					
Tracy	/ Sper	anzo	850	490-3567	
	(N	ame of Contact Person)		& Daytime Telephone Number)	
Enclosed please find a check made payable to the Florida Department of State for: \$\begin{align*} \text{ \$\text{25} Filing Fee} \\ \text{ \$\text{ \$\text{Certified Copy}} \end{align*}					
Regist Divisi Cliftor 2661 I	tration on of C n Build Executi	OURIER ADDRESS: Section Corporations ling ive Center Circle Florida 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	

CR2E079 (2/14)



FILED

2014 AUG -8 PM 4: 35

SELECTARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATES 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 a	appears on the records of the Florida Department LLC
2. The Florida docu L12000128815	-	ned to this limited liability company is:
3. The date this men	mber/manager withdrew/resign	ed or will withdraw/resign is: 8/5/14
4. I,	nk ame of Person Resigning)	, hereby withdraw/resign as a
Member	(Print Title)	
of this limited liab resignation in wri		mited liability company has been notified of my
Signature of Dis	ssociating Member or Resignin	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	