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(Re	equestor's Name)		
(Ad	idress)		
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(Cit	ty/State/Zip/Phone	#)	
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PICK-UP	☐ WAIT	MAIL	
	isiness Entity Name	<u> </u>	
(50	ionicoo Enaty Ivami	<i>-</i> ,	
(Do	ocument Number)		
Certified Copies	Certificates of Status		
			
Special Instructions to	Filing Officer:		
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FEB 2 2 2019 S. YOUNG

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: FOS LONSTRUCT	NON SERVICES nited Liability Company)
The enclosed member, resignation or dissoc	riation and fee(s) are submitted for filing.
Please return all correspondence concerning	this matter to:
TAMES PRIETO (Contact Person)	
(Firm/Company)	
1399 WEST 745T (Address)	
HIALEAH FL 33014 (City/State and Zip Code)	
For further information concerning this mat	
JAMES PRIETO	at (237) 850 -0060
(Name of Contact Person)	_at (237) 850 -0065 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable \$25 Filing Fee	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314

CR2E079 (2/14)

Tallahassee, Florida 32301



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 ap	opears on the records	of the Florid	a Depart	ment	
of State is: <u>Ec</u>	OS CONSTRUCTION	SERVICES	ددر		·	
2. The Florida docu	nment/registration number assign	ed to this limited liab	ility compar	ıy is:		
	1468630	<u>.</u> '			1	
3. The date this me 4. 1. Tame S (Print N	mber/manager withdrew/resigned PLIETO ame of Person Resigning)	d or will withdraw/res	sign is: <u>Oe</u> esign as a	2/04	<u> 201</u>	19
AUTHORIE	Print Tule)					
of this limited liab resignation in wri	oility company and affirm the lin	nited liability compan	y has been n	otified c	f my	
Annes	Paul			STOP:	19 F	
Signature of Di	ssociating Member or Resigning	Manager			EB 19	不知,这种
Filing Fee:	\$25.00 (Required)			· 	70	i.j
Certified Copy:	\$30.00 (Optional)			_08/E	ယ္	