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COVER LETTER

TO: Registration Section **Division of Corporations General Construction Solutions LLC** SUBJECT: (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: David R Sweeney (Contact Person) (Firm/Company) 4950 Woodruff Springs Road (Address) Sanford, FL 32771 (City/State and Zip Code) For further information concerning this matter, please call: David R Sweeney (Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed please find a check made payable to the Florida Department of State for: □ \$55 Filing Fee & Certified Copy S25 Filing Fee STREET/COURIER ADDRESS: **MAILING ADDRESS: Registration Section** Registration Section **Division of Corporations Division of Corporations** Clifton Building P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (2/14)

2661 Executive Center Circle

Tallahassee, Florida 32301

David R Sweeney

4950 Woodruff Springs Road

Sanford, FL 32771

This filing is to make sure that the DBPR is aware that I, David R Sweeney does not have any association, what so ever, with General Construction Solutions LLC. He has not had any dealings with this company since 4/29/2015 and is no longer a mgrm or has any ownership with this LLC.

If any other documents need to be filed for this, please contact me at 321-696-4996.

Thank you,

David R Sweeney

SECRETARY OF STATE ALLAHASSEE, FLORIDA



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	s of the Florida Departme	nt
of State is:	neral Construction Solutio	ns Inc		_ .
2. The Florida doc L130001511	ument/registration number as	signed to this limited lia	bility company is:	
3. The date this me	ember/manager withdrew/resi	igned or will withdraw/ro	4/29/2014 esign is:	_
4. I,David R Sw	veeney	, hereby withdraw/r	resign as a	
(Print N	lame of Person Resigning)			
MGRM			2015 M SECRE	¦ i
	(Print Title)		HAY 29 RETARY AHASSE	
of this limited lia	bility company and affirm the	e limited liability compar	ny has been notified and	ıy
resignation in wr		, ,	77 U	
Davi	Lower	*	u: 07 STATE LORIDA	
Signature of D	issociating Member or Resign	ning Manager		
_	\$25.00 (Required)			
Certified Copy:	\$30.00 (Optional)			