113000171083

(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Besignation

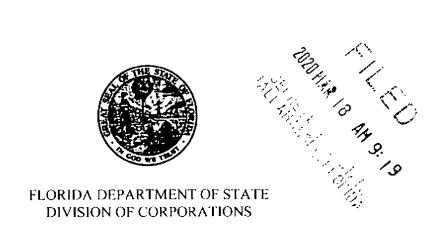
APR 1) 1 2020 I ALBRITTON

COVER LETTER

LLC

TO: Registration Section Division of Corporations
SUBJECT: Certified Construction Consultants (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:
Mark Schwartz (Contact Person)
Cortified Construction Consultants LLC (Firm/Company)
SS Word Rose G
Royal Palm Brach FL 33411 (City/State and Zip Code)
For further information concerning this matter, please call:
Mark Schwartz at (2/4) 226-8/46 (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
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810

Tallahassee, FL 32303



DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

	mited liability company as it appears on the records of the Florida Department
of State is:	titled Construction Consultants LLC
2. The Florida docum	nent/registration number assigned to this limited liability company is:
<u> </u>	00171083
3. The date this mem	ber/manager withdrew/resigned or will withdraw/resign is: 3/16/0000
4.1. Matt	Pertivo hereby withdraw/resign as a ne of Person Resigning)
membe	rint Title)
	lity company and affirm the limited liability company has been notified of my
Matt	Cotion
Signature of Diss	ociating Member or Resigning Manager
Filing Fee:	
Certified Copy:	- 5 50.00 (Optional)