## L14000003487

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##25.08 **★#**25.08



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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Plemmons and PRESTURBIN Custom Canstructy (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:
Matthew Plemmans (Contact Person)
Plemmons & Prestweed Custom Construction, LLC.
313 Ind St.
St. Augustine Fl 32084 (City/State and Zip Code)
For further information concerning this matter, please call:
Ausia PRESTWOOD at (904) 608-141/6 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for:  \$25 Filing Fee  \$\sum \\$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: MAILING ADDRESS:

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

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (2/14)



## 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)

				- 현존 역
	limited liability company			•
of State is:	lemmons and	PRESTUUUS	Custom	Construction, L
2. The Florida doc	ument/registration number	assigned to this lim	ited liability cor	npany is:
L140	100003487			
3. The date this me	ember/manager withdrew/re	esigned or will with	draw/resign is:	3-30-19
4. I, <u>Roy Va</u> (Print N	INCL PRESTUDD Name of Person Resigning)	, JR. , hereby with	ndraw/resign as a	a
AMB	R (Print Title)			
of this limited lia resignation in wr	bility company and affirm titing.	the limited liability	company has be	en notified of my
	P			
Signature of D	issociating Member or Resi	gning Manager	<del></del>	
Filing Fee:	\$25.00 (Required)			
Certified Copy:	\$30.00 (Optional)			