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Registration Section

* STREET/COURIER ADDRESS:
Registration Section

2661 Executive Center Circle

Tallahassee, Florida 32301

Division of Corporations

Clifton Building

Division of Corporations

TO:

SUBJECT: Plemmons & PRESTINUO Custom Construction, LCC (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:
Mathew Plemmons. (Contact Person)
Plennins & Prestuvod Custom Construction
303 2nd St. (Address)
St. Augustine 1. 32084 Oty/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (904) 361-3635 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee

MAILING ADDRESS: Registration Section Division of Corporations

Tallahassee, Florida 32314

P.O. Box 6327



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)

	e limited liability company as it appears on the records of the Florida Department	
of State is:	Temmons & Prestuiod Cuctom Construction, L	_(
	eument/registration number assigned to this limited liability company is:	
400	00003487	
3. The date this me	ember/manager withdrew/resigned or will withdraw/resign is: $\frac{4-8-19}{}$	
4. I, Alysia	B. PRESTWOOD hereby withdraw/resign as a Name of Person Resigning)	
An	NBR (Print Title)	
of this limited lia resignation in wr	ibility company and affirm the limited liability company has been notified of my riting.	
Alrep	is B. Prestword	
Signature/of Di	issociating Member or Resigning Manager	
Filing Fee:		
Certified Copy:	\$30.00 (Optional)	