L14000004272

(Re	equestor's Name)	_ .	
(Ad	dress)		
(Ad	ldress)		
(Cit	ty/State/Zip/Phone	: #)	
•	,	·	
PICK-UP	MAIT	MAIL	
(Bu	isiness Entity Nam	ne)	
(2)			
(DC	ocument Number)		
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COVER LETTER

TO: Registration Section

CR2E079 (2/14)

Division	of Corporations			
SUBJECT: SA	NTOS CONSTRUCTION (GROUP LLC		
(Name of Limited Liability Company)				
The enclosed me	mber, resignation or dissocial	tion and fee(s) are submitted for filing.	
Please return all	correspondence concerning th	nis matter to:		
ANDREW SAN	TOS			
	(Contact Person)		_	
SANTOS CON	STRUCTION GROUP LL			
	(Firm/Company)		_	
16350 BRUCE	B DOWNS BLVD #46185			
	(Address)		<u>-</u>	
TAMPA,FLOR	DA 33646			
	(City/State and Zip Code)		-	
For further infor	mation concerning this matter	, please call:		
ANDREW SAN		813 at (518-9144	
(Name	of Contact Person)	(Area Code	& Daytime Telephone Number)	
Enclosed please \$25 Filing Fed	find a check made payable to		Department of State for: g Fee & Certified Copy	
STREET/COUR	RIER ADDRESS:		MAILING ADDRESS: Registration Section	
Division of Corp Clifton Building			Division of Corporations P.O. Box 6327	
2661 Executive Tallahassee, Flor	Center Circle		Tallahassee, Florida 32314	



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 loof State is:	RIDA	it appears on the records of the Flori	ida Departn	nent
2. The Florida docu L14000004272	-	ssigned to this limited liability compa	any is:	
		igned or will withdraw/resign is:	/1/2016	_
4. I, FLORENTING	O SANTOS nme of Person Resigning)	, hereby withdraw/resign as a		
AMBR				
(Print Title)			
resignation th write	ting.	e limited liability company has been	notified of	my
Filing Fee:	sociating Member or Resign \$25.00 (Required) \$30.00 (Optional)	ning Manager	16 NOV 23 PM L	