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(ne	equestors marrier	
	(4)	
DA)	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filina Officer:	
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Office Use Only



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COVER LETTER

TO: Registration Section
Division of Corporations

CR2E079 (12/13)

SUBJECT: Ogninn Const LLC (Name of Limited Liability Company)				
(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:				
Benji O'guinn (Contact Person)				
Cigninn Const LLC (Firm/Company)				
6032 Hallie Carroll Lane				
Tolla leassel FL 32305 (City/State and Zip Code)				
For further information concerning this matter, please call:				
(Name of Contact Person) at (714) 404 6366 (Area Code & Daytime Telephone Number				
Enclosed please find a check made payable to the Florida Department of State for: \$\sim \frac{1}{2} \\$25 \text{Filing Fee} \\$55 \text{Filing Fee & Certified Copy}\$				
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314				



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	limited liability company a) 'q hinn Const	is it appears on the records o	of the Florida Department
L140	00034247	····	
3. The date this me	mber withdrew or will with	ndraw is:	9
4. 1. Chris	Stephens	, hereby resign as a	MGR/Manager (Print Title)
	oility company and affirm t	he limited liability company	
	15		
Signature of Re	signing or Dissociating M	anager, Member	. ~2
			FILL ANN PROPERTY OF THE BILL AND THE BILL A
Filing Fee:			AS -
Certified Copy:	\$30.00 (Optional)		FEE STOR