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T LEMES

COVER LETTER

*TO: Registration Section Division of Corporations	
SUBJECT: JMNE Construction (Name of Limited Liability Com	pany)
The enclosed member, resignation or dissociation and fee(s)	are submitted for filing.
Please return all correspondence concerning this matter to:	
Martha alzate (Contact Person)	
TMNE Construction LLC (Firm/Company)	
10720 Arrolew Dr (Address)	
Tempe: FL 33625 (City/State and Zip Code)	
For further information concerning this matter, please call:	
Mortha Cizate at (813 (Name of Contact Person) (Area Code of) 951-8633 & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida De ■ \$25 Filing Fee ■ \$55 Filing	epartment of State for: Fee & Certified Copy
Registration Section Division of Corporations Clifton Building	MAILING ADDRESS: 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)

1. The name of the limited	liability company as it ap	pears on the records of the Florida	a Depart	tment	
of State is: TMNE	Construction L	LC			
2. The Florida document/re	egistration number assigne	ed to this limited liability compan	y is:		
L14000043795					
3. The date this member/m	anager withdrew/resigned	or will withdraw/resign is: <u>06-</u>	· 12.+ 2	<u> 2014</u>	
4. I, Martha F (Print Name of Pa		, hereby withdraw/resign as a			
MGR (Print Tite	le)				
of this limited liability co resignation in writing	mpany and affirm the lim	ited liability company has been no	otified o	of my	
HEALL .)		SEC	14,	
Signature of Dissociation	ng Member or Resigning	Manager	RETAI	91 NN 4	<u> </u>
	00 (Required) 00 (Optional)		RY OF STAT	6 PM 3: 5	