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(Re	equestor's Name)	.,
(Ac	ldress)	
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PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nar	me)
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Certified Copies	_ Certificate:	s of Status
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R. WHITE

COVER LETTER

Division of Corporations		
SUBJECT: W.B. HAND DIGGING L (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:		
(Contact Person)		
W.B. HAND DIGGING LLC (Firm/Company)		
2100 S. Palmetto Ale,		
City/State and Zip Code)		
For further information concerning this matter, please call:		
Cecilia Castillo at (386) 304-3446 (Name of Contact Person) (Area Code & Daytime Telephone Number)		
Enclosed please find a check made payable to the Florida Department of State for: □ \$25 Filing Fee		

STREET/COURIER ADDRESS:

Registration Section

TO:

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

CR2E079 (2/14)

MAILING ADDRESS:

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





FILED 14 SEP 12 PM 2:08

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 appears on the records of the Florida Department of State is: 111, B. HAND DIGGING
of State is: W.B. HAVD D1661N6 L.C.
2. The Florida document/registration number assigned to this limited liability company is:
<u>L14000050608</u>
3. The date this member/manager withdrew/resigned or will withdraw/resign is:
4. I,
Marger. (Print Tytle)
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.
John (Juston)
Signature of Dissociating Member or Resigning Manager
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)