

LI4000052918

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

A. RIVERS  
APR 30 2023

.. .)

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** FOUR CORNERS CONTRACTORS, LLC  
(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:

ROBERT TREANOR

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(Contact Person)

FOUR CORNERS CONTRACTORS, LLC  
(Firm/Company)

109 AMBERSWEET WAY, BOX 148  
(Address)

DAVENPORT, FL 33897

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(City/State and Zip Code)

For further information concerning this matter, please call:

ROBERT TREANOR                      407                  902-4280  
\_\_\_\_\_ at (\_\_\_\_\_) \_\_\_\_\_  
(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

☐ \$55 Filing Fee & Certified Copy

**Mailing Address:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303



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: FOUR CORNERS CONTRACTORS, LLC

2. The Florida document/registration number assigned to this limited liability company is: L14000052918

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 12/31/2021

4. I, ROBERT TREANOR, hereby withdraw/resign as a  
(Print Name of Person Resigning)

AMBR

(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

[Signature]  
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)

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TALLAHASSEE, FLORIDA