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(Requestor's Name)
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(Coomico Lini, Hamie)
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COVER LETTER

Division of Corporations				
SUBJECT: Robert Jones Cons (Name of Limited Liability Cons	truction, LLC			
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter to:				
Robert Jones (Contact Person)	_			
Robert Jones Construction	_			
(t mis company)				
1950 Bern Creek Loop (Address)	-			
(Address)				
Sarasota, FC 34240				
(City/State and Zip Code)	_			
For further information concerning this matter, please call:	•			
Robert Jones at (863	181-1423			
	& Daytime Telephone Number)			
Enclosed please find a check made payable to the Florida D \$25 Filing Fee \$55 Filing	Department of State for: g Fee & Certified Copy			
STREET/COURIER ADDRESS:	MAILING ADDRESS:			
Registration Section Division of Corporations	Registration Section Division of Corporations			
Clifton Building	P.O. Box 6327			
2661 Executive Center Circle	Tallahassee, Florida 32314			

CR2E079 (2/14)

Tallahassee, Florida 32301

TO: Registration Section



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)

	limited liability company a	••	•	oartment
	ment/registration number a	ssigned to this limited	I liability company is:	
	mber/manager withdrew/re			1.16
4. I, <u>Jacob</u> (Print No.	Ellis Pinder ame of Person Resigning)	, hereby withdra	w/resign as a	
mano	Ger Print Title)			
of this limited liab	pility company and affirm the	ne limited liability con	npany has been notifie	d of my
Signature of Di	ssociating Member or Resig	gning Manager		
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		TOTE IN A IN:	