L14000196434

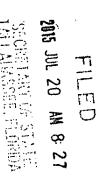
(Requestor's Name)					
(Address)					
. (Ad	dress)				
(City/State/Zip/Phone #)					
PICK-UP	WAIT	MAIL			
(Business Entity Name)					
(Do	ocument Number)	· · · · · · · · · · · · · · · · · · ·			
Certified Copies		of Status			
Special Instructions to Filing Officer:					

Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: CONSTRUCTION & ENERGY SERVICES (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:
MICHAEL SEMNFER (Contact Person)
(Contact Person)
CONSTRUCTION AND ENERGY SERVES (Firm/Company)
10200 BELLE RIVE BLIVO #168 (Address)
VHLYSON VILLE FC 3225Z (City/State and Zip Code)
For further information concerning this matter, please call:
MIGHTEL SKINNER at (87) 628 3123 (Name of Contact Person) (Area Code & Daytime Telephone Number
(Name of Contact Person) (Area Code & Daytime Telephone Number
Exclosed please find a check made payable to the Florida Department of State for: \$\sum_\$ \$25 \text{ Filing Fee} \sum_\$ \$55 \text{ Filing Fee & Certified Copy}
STREET/COURIER ADDRESS: MAILING ADDRESS:
Registration Section Registration Section
Division of Corporations Division of Corporations
Clifton Building P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (2/14)

2661 Executive Center Circle

Tallahassee, Florida 32301



July 1, 2015

MICHAEL SKINNER 10200 BELLE RIVE BLVD. #69 JACKSONVILLE, FL 32256

SUBJECT: CONSTRUCTION AND ENERGY SERVICES LLC

Ref. Number: L14000196434

We have received your document for CONSTRUCTION AND ENERGY SERVICES LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Neysa Culligan Regulatory Specialist II

Letter Number: 715A00013795



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)

<u> </u>				
1. The name of the I	imited liability company a	is it appears on the	records of the Florid	la Department
of State is:	CONSTRUCTION AN	O ENELLY	SERVICES LI	<u> </u>
2. The Florida docum	ment/registration number	assigned to this lim	nited liability compar	ıy is:
L140019	16434	·		
3. The date this men	nber/manager withdrew/re	signed or will with	draw/resign is: 6	127/15
4. I, SHIPM	me of Person Resigning	, hereby with	ndraw/resign as a	
	Print Title) MGR.			
of this limited liab resignation in writ	ility company and affirm ting.	he limited liability	company has been n	otified of my
Mh-	m			Total B
Signature of Dis	sociating Member or Resi	gning Manager		声音
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)			20 M 8
				经 福 28