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(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer	
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Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FLORIUM

MAY 03 2016 S. YOUNG

COVER LETTER

Division of Corporations	
SUBJECT: Florida Coustruction (Name of Limited Liability Company)	Projects, LLC
The enclosed member, resignation or dissociation and fee(s) are sub-	mitted for filing.
Please return all correspondence concerning this matter to: Millon Verson (Contact Person)	
(Contact Person)	
Florida Coustruction Projects, LLC (Firm/Company)	16 MAY
19080 SW 24H Street	-2 PM 5:
Mirama, F1 33029 (City/State and Zip Code)	5: 52
For further information concerning this matter, please call:	
Millon Veryara at (754) 4 (Name of Contact Person) (Area Code & Daytin	22 - 9250 ne Telephone Number)
Enclosed please find a check made payable to the Florida Department \$\sqrt{2}\$ \$25 Filing Fee \$\sqrt{2}\$ \$55 Filing Fee \$\cdot C\$	
Registration SectionRegistraDivision of CorporationsDivisionClifton BuildingP.O. Box	NG ADDRESS: ation Section of Corporations x 6327 ssee, Florida 32314

CR2E079 (2/14)

Tallahassee, Florida 32301



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 as it appears on the records of the Florida Department Lovida Coustruction Projects, LLC.
L150	ment/registration number assigned to this limited liability company is:
4. I, Godonie	mber/manager withdrew/resigned or will withdraw/resign is: 04/01/16 Le Awato,, hereby withdraw/resign as a ame of Person Resigning) IBR
	oility company and affirm the limited liability company has been notified of my string.
Signature of Di Filing Fee:	ssociating Member or Resigning Manager \$25.00 (Required)
Certified Copy:	\$30.00 (Optional)