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(Red	questor's Name)	
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Certified Copies	Certificates	s of Status
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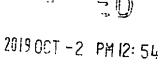
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Build It Builders LC (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:
May K. Gillespie (Contact Person)
(Firm/Company) 10101 Paddock Dales Dr. (Address) Riverview R 33569
(City/State and Zip Code)
For further information concerning this matter, please call:
May Gillespie at (813) 476.6266 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 Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (2/14)





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 l	imited liability company as it appears on the records of the Florida Department
of State is:	wwo IT Burders LLC
2. The Florida docu	ment/registration number assigned to this limited liability company is:
L150007	018865
3. The date this mer	nber/manager withdrew/resigned or will withdraw/resign is: <u>January</u> , 2018
4. 1. May (Print No.	hereby withdraw/resign as a me of Person Resigning)
	Print Title)
of this limited liab resignation in writ	ility company and affirm the limited liability company has been notified of my ing.
Signature of Dis	sociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)
Cumed Copy.	550.00 (Optionar)