L1500003405

(R	equestor's Name)	. <u></u>		
(Address)				
(A	ddress)			
(C	ity/State/Zip/Phone	- #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(D	ocument Number)			
Certified Copies	Certificates	of Status		
Special Instructions to Filing Officer:				

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November 30, 2015

SHEILA LOMBARDI 606 SE 1ST AVENUE OCALA, FL 34471

SUBJECT: U S PRECISION GROUT, LLC

Ref. Number: L15000023605

We have received your document for U S PRECISION GROUT, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a GENERAL PARTNERSHIP - GP, but your entity is a LIMITED LIABILITY COMPANY - LLC. Please complete and return the enclosed blank form(s).

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.

Letter Number: 615A00024997

Stacey M Mason Regulatory Specialist II

www.sunbiz.org

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: US Precision Growt, 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:
Sheila Lombardi (Contact Person)
(Contact Person)
Us Precision Grout, LLC (Firm/Company)
(Firm/Company)
606 S.E 1st Ave (Address)
(Address)
ocala, FL 34471
(City/State and Zip Code)
For further information concerning this matter, please call:
Sheila Lombardi at (352) 390 - 8111 (Name of Contact Person) (Area Code & Daytime Telephone Number)
(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
STREET/COURIER ADDRESS: MAILING ADDRESS:

Registration Section
Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

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 TI C.1	10 - 5 - 1 10 1 10 15	2.	
1. The name of the	limited liability company as	s it appears on the reco	rds of the Florida Department
of State is: <u>u</u>	S Precision Gr	out, LLC	
2. The Florida doc	ument/registration number a	ssigned to this limited	liability company is:
L15000	023605		
3. The date this me	ember/manager withdrew/res	signed or will withdraw	//resign is: 11 - 16-2015
4. I, <u>Colt H</u>	lander Name of Person Resigning)	, hereby withdray	v/resign as a
Managing	Pastner (Print Title)	•	
of this limited lia resignation in wr		ne limited liability com	pany has been notified of my
CH 21.	llol		
Signature of D	issociating Member or Resig	gning Manager	
	\$25.00 (Required) \$30.00 (Optional)		Z015 DEC 11 J
		t	FLS A