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(Re	equestor's Name)			
(Address)				
(Ad	ddress)			
(C	ity/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	s of Status		
Special Instructions to Filing Officer:				
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AUG 11 2015 S. YOUNG

COVER LETTER

CR2E079 (2/14)

TO: Registration Section Division of Corporations			
Division of Corporations			
SUBJECT: Elkins Construction, LLC			
(Name of Limited Liability Con	npany)		
The enclosed member, resignation or dissociation and fee(s	s) are submitted for filing.		
Please return all correspondence concerning this matter to:			
Edward Myers			
(Contact Person)	<u>-</u>		
Elkins Construction, LLC			
(Firm/Company)	_		
6104 S. Gazebo Park Place	,	, , ,	
(Address)	- -		-:1
Jacksonville, FL 32257	- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	010	
(City/State and Zip Code)		22	O
For further information concerning this matter, please call:		ယု ယ	
Edward Myers 904	292-2645		
(Name of Contact Person) at (at (& Daytime Telephone Number)		
Enclosed please find a check made payable to the Florida D □ \$25 Filing Fee ■ \$55 Filing	Department of State for: 3 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 32301	Tallahassee, Florida 32314		



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 appear as Construction, LLC	rs on the records of the Florida Department
2. The Florida doc	ument/registration number assigned to	this limited liability company is:
6.4 . D. 101		will withdraw/resign is: May 31,2015 reby withdraw/resign as a
		liability company has been notified of my
Filing Fee:	ssociating Member or Resigning Mar \$25.00 (Required) \$30.00 (Optional)	nager O TO