## L15000039555

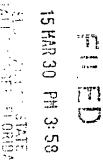
(Re	questor's Name)	·
(Ad	dress)	
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PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	ocument Number)	<u>.                                    </u>
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
		-





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(RM) 4.3-15

## **COVER LETTER**

**TO:** Registration Section Division of Corporations

SUBJECT: ON Grade EXCAUATing

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Matthew Stanes Wood
(Contact Person)

(Firm/Company)

15865 19/examles Run, Jypster

Havidu 33478 (City/State and Zip Code)

For further information concerning this matter, please call:

(Name of Contact Person) at (S61) 315-0312 (Area Code & Daytime Telephone Number)

## STREET/COURIER ADDRESS:

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

**MAILING ADDRESS:** 

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (2/14)







## DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

1. The name of the limited liability company as it appears on the records of the Florida Department
of State is: ON Grade EXCAUATING.
2. The Florida document/registration number assigned to this limited liability company is:
L15000039555
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 3 21 15
4. I, Compact J. Wilbur, hereby withdraw/resign as a (Print Name of Person Resigning)
MANAGRA (Print Title)
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.
Signature of Dissociating Member or Resigning Manager
Filing Fee: \$25.00 (Required)
Certified Conv: \$30.00 (Ontional)