L150000 u 3908

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Submoss Entry Fullis)
(Document Number)
Certified Copies Certificates of Status
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16 APR 14 PH 12: 55

SECRETARY OF STATE

LER 15 7016 J. HARRIS

COVER LETTER

Division of Corporations
SUBJECT: Cauf Water Builders 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:
Robyn Jennings (Contact Person)
Gulf Water Builders LLC (Firm/Company)
815 Se 47th St.
Cape Coval FL 339011 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (239) 541-0119 (Area Code & Daytime Telephone Number)
(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: MAILING ADDRESS:

MAILING ADDRESS:

Registration Section
Division of Corporations

Tallahassee, Florida 32314

P.O. Box 6327

CR2E079 (2/14)

Registration Section
Division of Corporations

2661 Executive Center Circle

Tallahassee, Florida 32301

Clifton Building

TO: Registration Section



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	ne limited liability company as it appears on the records of the Flo	rida Dej	partm	ent
of State is:	auf Water Builders LLC		<u></u>	·
2. The Florida do	ocument/registration number assigned to this limited liability comp	pany is:		
L1500	000 63908			
3. The date this h	nember/manager withdrew/resigned or will withdraw/resign is:	4/1/	16	
4.1, Jeffe	exy W. Purcella, hereby withdraw/resign as a a Name of Person Resigning)	•		
Men	ber.			
of this limited I resignation in v	(Print Title) iability company and affirm the limited liability company has been writing.	n notifie	ed of r	ny
	Parsen W. Purcelle	P co		
Signature of	Dissociating Member or Resigning Manager	ECRE	6 APF	******
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	TARY OF STA	APR 14 PH 12:	
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