5/18/2016



Florida Department of State

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(((H16000123708 3)))



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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PAVE SPECIALIST LLC

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May 20, 2016 .

FLORIDA DEPARTMENT OF STATE
Division of Corporations

PAVE SPECIALIST LLC 3547 WILES RD 2014 COCONUT CREEK, FL 33073

SUBJECT: PAVE SPECIALIST LLC

REF: L15000077767

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please enter a date that the member/manager withdrew/resigned or will withdraw/resign in number 3 of the form.

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Jenna D Harris Regulatory Specialist II FAX Aud. #: E16000123708 Letter Number: 516A00010718

2816 MAY 25 AM 10: 03



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 limited liability company as it appears on the records of the Florida Department |
|--|
| of State is: PAVE SPECIALIST LLC |
| 2. The Florida document/registration number assigned to this limited liability company is: |
| <u> </u> |
| 3. The date this member/manager withdrew/resigned or will withdraw/resign is:5 / 18 / 16 |
| 4. I, CLEIBE PINTO , hereby withdraw/resign as a (Print Name of Person Resigning) |
| MGRU Z |
| (Print Title) |
| of this limited liability company and affirm the limited liability company has been notified of my resignation in writing. |
| Rutchih. |
| Signature of Dissociating Member of Resigning Manager |
| Certified Copy: \$30.00 (Optional) |