

L150000 82888

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

623



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 6, 2016

EDWARD WEST
1096 87TH AVE
SEMINOLE, FL 33772

SUBJECT: NATIVE AMERICAN PRIDE CONSTRUCTORS, LLC
Ref. Number: L15000082888

We have received your document for NATIVE AMERICAN PRIDE CONSTRUCTORS, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return the corrected original and one copy of 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.

Justin M Shivers
Regulatory Specialist III
Registration/Qualification Section

Letter Number: 016A00011824

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NATIVE AMERICAN PRIDE CONSTRUCTORS LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

EDWARD K WEST

Name of Person

NATIVE AMERICAN PRIDE CONSTRUCTORS

Firm/Company

10964 87TH AVE

Address

SEMINOLE FLORIDA, 33772

City/State and Zip Code

KWEST@NAPCONSTRUCTORS.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

EDWARD K WEST 727 902 9292
at ()
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---------------------------------------------|-----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|---------------------------------------------|-----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



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: Native American Pride Constructors LLC.

2. The Florida document/registration number assigned to this limited liability company is:
L15000082888

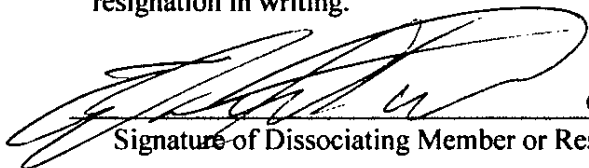
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 5/21/16

4. I, Alan D Beauregard, hereby withdraw/resign as a
(Print Name of Person Resigning)

President

(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

 CEO
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

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