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(.	Address)
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: LTD CONTRACTING UC (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:
Samantha Eaworski (Contact Person)
LTD CONTRACTING LIC . (Firm/Company)
12350 Tamiami Tail
Punta Goida, FL 33955 (City/State and Zip Code)
For further information concerning this matter, please call:
Sumantha Fawnski at (239) 400-3318 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$25 \text{Filing Fee} \\$55 \text{Filing Fee & Certified Copy}\$
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (2/14)

2661 Executive Center Circle

Tallahassee, Florida 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)

	ited liability company as it appears on the records of the Florida Department CONTRACTING LLC
_	ent/registration number assigned to this limited liability company is:
3. The date this member	er/manager withdrew/resigned or will withdraw/resign is: 3/16/13=
(Print Name MGL	nt Title) hereby withdraw/resign as a SST Resigning)
•	ty company and affirm the limited liability company has been notified of May
Willem E. C. Signature of Disso	Ciating Member or Resigning Manager
_	\$25.00 (Required) \$30.00 (Optional)