

(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
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## **COVER LETTER**

	egistration Section ivision of Corporations				
SUBJEC	Facility Pro Construction, LL	.C			
		(Name of Limited Liability Company)			
The enclo	osed member, resignation or dissoci	ation and fee(s	) are submitted for filing.		
Please ret	urn all correspondence concerning	this matter to:			
Christia	n Fernandez				
<del></del> -	(Contact Person)		-		
Facility I	Pro Construction, LLC				
	(Firm/Company)		_		
1300 Ea	st Hillsboro Blvd, Suite 200				
<del></del>	(Address)		-		
Deerfiel	d Beach, FL 33441				
	(City/State and Zip Code)		_		
For furth	er information concerning this matt	er, please call:			
Christia	n Fernandez	786	277-7534		
	(Name of Contact Person)	(Area Code	& Daytime Telephone Number)		
Enclosed □ \$25 Fi	please find a check made payable t ling Fee		Department of State for: Fee & Certified Copy		
Registrat	C/COURIER ADDRESS:		MAILING ADDRESS: Registration Section		
Division Clifton B	of Corporations		Division of Corporations P.O. Box 6327		
2661 Exc	ecutive Center Circle see, Florida 32301		Tallahassee, Florida 32314		

CR2E079 (2/14)



## 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)

2. The Florida doc L1500011788		ssigned to this limited liability company is:
3. The date this mo	ember/manager withdrew/res	igned or will withdraw/resign is:
, , Jonathan Ka	, hereby withdraw/resign as a	
(Print )	Name of Person Resigning)	,
Member and	officer	
<del></del>	(Print Title)	
of this limited lia resignation in wa	· · · · · · · · · · · · · · · · · · ·	ne limited liability company has been notified of n
Signature of D	issociating Member or Resig	ming Manager
	J	• 36
Filing Fee:	\$25.00 (Required)	+
_	\$30.00 (Optional)	<u> </u>
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