N15000161955

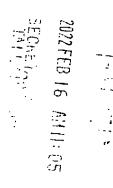
(Requestor's Name)					
(Addre	ess)				
(Address)					
(City/S	State/Zip/Phone	e #)			
PICK-UP	WAIT	MAIL			
/Dusin	ess Entity Nar	ma)			
(Dusin	ess Entity Nai	riej			
(Document Number)					
Certified Copies	Certificates	s of Status			
Special Instructions to Fili	ing Officer:				

Office Use Only



500381722895

02/18/22--01008--005 **25.00



	COVE	R LETTER	e de la companya de
TO:	Registration Section Division of Corporations		1
SUBJ			
	(Name of Lir	nited Liability Cor	npany)
The er	nclosed member, resignation or dissoc	ciation and fee(s	are submitted for filing.
	return all correspondence concerning	g this matter to:	
-	(Contact Person)		-
Attack	Excavation		
	(Firm/Company)		_
696 N	Sunset Dr		
	(Address)		-
Mount	Dora, FL 32757		
	(City/State and Zip Code)		-
For fu	rther information concerning this mat	ter, please call:	
Stepher	n Weaver	352	617-8498
		at ()
	(Name of Contact Person)	(Area Code	& Daytime Telephone Number)
	sed please find a check made payable Filing Fee		Department of State for: g Fee & Certified Copy

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303



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 Atta	e limited liability company as	s it appears on the record	ds of the Florida Department
of State is:			
2. The Florida doc 1.150001611955	cument/registration number a	ssigned to this limited li	ability company is:
			12/1/2021
 The date this median Jorge Pelaez 	ember/manager withdrew/res	signed or will withdraw/	resign is:
	Name of Person Resigning)	, hereby withdraw	/resign as a
(Print) Member	Name of Person Resigning)	•	<i>5</i>
	(Print Title)		
of this limited lia resignation in w	bility company and affirm th	ne limited liability comp	any has been notified of my
-			2022
Signature of D	issociating Wember or Resig	ning Manager	77 F. 2022 F.E.D 16
Filing Fee:	\$25.00 (Required)		S ENTH-05
	\$30.00 (Optional)		111:
			37