(Re	equestor's Name)				
(Address)					
(Ad	ddress)				
(Ci	ty/State/Zip/Phon	e #)			
PICK-UP	WAIT	MAIL			
(Bo	usiness Entity Nar	me)			
(Document Number)					
Certified Copies	Certificates	s of Status			
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JUN 1 5 2016 S. YOUNG

COVER LETTER

_	stration Section sion of Corporations			
SUBJECT:	Southern Construction Sol	utions, LLC		
BODOLOI.		mited Liability Con	npany)	-
The enclose	d member, resignation or disso	ciation and fee(s	a) are submitted for filing.	
Please return	n all correspondence concerning	this matter to:		
Ronnie Str	ickland			
	(Contact Person)	_,	-	
Southern (Construction Solutions, LLC			
	(Firm/Company)		-	16
10470 NW	Newsome Rd		16 JUN 13 PH 4: 2	
	(Address)		-	- Tu (3)
Clarksville	, FL 32430			PH +
	(City/State and Zip Code)		_	: 21
For further i	nformation concerning this mat	ter, please call:		
Ronnie Str	ickland	850	643-7460	
()	Name of Contact Person)	\	& Daytime Telephone Number)	-
Enclosed ple	ease find a check made payable g Fee		Pepartment of State for: Fee & Certified Copy	
STREET/C	OURIER ADDRESS:		MAILING ADDRESS:	
Registration			Registration Section	
	Corporations		Division of Corporations	
Clifton Buil			P.O. Box 6327	
2661 Execut	tive Center Circle		Tallahassee, Florida 32314	1

CR2E079 (2/14)

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)

1. The name of the	limited liability company as	it appears on the records of the Florida De	partment
of State is:	thern Construction Solutio	ns, LLC	
2. The Florida doc L1500020396	•	ssigned to this limited liability company is:	16 JUN 13 PH 4: 21
3. The date this me	ember/manager withdrew/resi	igned or will withdraw/resign is: 4/28/16	3 PH
4. I. Chris Bauldr	ree	, hereby withdraw/resign as a	خن
	Name of Person Resigning)	, hereby withdraw/resign as a	21
Member			
	(Print Title)		
of this limited lia resignation in wr		e limited liability company has been notific	ed of my
(hu)	Suchhamme		
Signature of D	issociating Member or Resign	ning Manager	
Filing Fee:	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		