1600003015

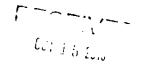
(Requestor's Name)
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SECRETARY OF STATE TALLAHASSEE, FL

'LT 2 6 3. PRATHER

COVER LETTER

TO: Registration Section

CR2E079 (2/14)

Divis	sion of Corporations			
SUBJECT:	Dynamic Foundation Solutions, LLC			
SODJECT.	(Name of Limited Liability Company)			
The enclosed	d member, resignation or diss	sociation and fee(s	s) are submitted for filing.	
Please return	all correspondence concern	ing this matter to:		
Stephen M	cCorvey			
	(Contact Person)		_	
Dynamic Fo	oundation Solutions LLC			
	(Firm/Company)		_	
4603 Tanba	ark Rd			
	(Address)		_	
Jacksonville	e. Fl, 32210			
	(City/State and Zip Code)		_	
For further in	nformation concerning this n	natter, please call:		
Stephen Mo	cCorvey	904 at (716-5304	
(N	ame of Contact Person)	• • • • • • • • • • • • • • • • • • • •	& Daytime Telephone Number)	
Enclosed ple \$25 Filing	ease find a check made payab g Fee		Department of State for: g Fee & Certified Copy	
	OURIER ADDRESS:		MAILING ADDRESS:	
Registration Division of 0			Registration Section Division of Corporations	
Clifton Build	· · · · · · · · · · · · · · · · · · ·		P.O. Box 6327	
	ive Center Circle		Tallahassee, Florida 32314	
	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 l	imited liability company as it appears on the records of the Plorida Department
of State is:	mic Foundation Solutions, LLC
2. The Florida docur L16000003015	ment/registration number assigned to this limited liability company is:
3. The date this men	nber/manager withdrew/resigned or will withdraw/resign is: 8/30/2018
4. I. Stephen (Print Na	hereby withdraw/resign as a me of Person Resigning)
Menber	Print Title)
of this limited liab resignation in writ	ility company and affirm the limited liability company has been notified of my ing.
Str 1	10 Cax
Signature of Dis.	sociating Member or Resigning Manager
	\$25.00 (Required) \$30.00 (Optional)