4/6000/0382

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT	MAIL		
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status	÷		
Special Instructions to Filing Officer:			

Office Use Only



000302550200

08/17/17--01018--009 **25.00

17 AUG 17 PH 4: 43

S. WARREN AUG 1 8 2017

COVER LETTER

Divis	sion of Corporations			
SUBJECT:	GENERAL SERVICES C	ONTRACTING,	LLC	
HODGICT.	(Name of Limited Liability Company)			
The enclosed	d member, resignation or diss	sociation and fee(s) are submitted for filing.	
Please return	all correspondence concern	ing this matter to:		
ARIF ABAI	D			
	(Contact Person)		_	
	(Firm Company)		_	
3512 FORE	EST RIDGE LANE		_	
	(Address)			
KISSIMME	E FLORIDA 34741			
	(City/State and Zip Code)		_	
For further in	nformation concerning this n	natter, please call:		
МОНАММА	AD KADDAH	239	887-7788	
(N	lame of Contact Person)	(Area Code	& Daytime Telephone Number)	
Enclosed ple ■ \$25 Filing	rase find a check made payab g Fee		Department of State for: g Fee & Certified Copy	
Registration Division of C Clifton Build 2661 Execut	Corporations		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	

CR2E079 (2/14)

TO: Registration Section



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)

	e limited liability company as	it appears on the records of the Florida Department RACTING, LLC
2. The Florida doc L1600001038	-	ssigned to this limited liability company is:
MOHAMMA	D KADDAH	igned or will withdraw/resign is: hereby withdraw/resign as a
	same of Person Resigning)	nercoy widdawiresign as a
resignation in wr		e limited liability company has been notified of my
Filing Fee:	\$25.00 (Required) \$30.00 (Optional)	TAUG 17 F