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COVER LETTER

	ration Section on of Corporations		
SUBJECT: _	Accurate Building & En	- -	
	(Name of L	imited Liability Con	npany)
The enclosed	member, resignation or disso	ociation and fee(s) are submitted for filing.
Please return a	all correspondence concerning	g this matter to:	
Tina Garcia	a Conover		
	(Contact Person)		-
Accurate Bu	ilding & Engineering Cont	ractors, LLC.	
	(Firm/Company)		-
	3804 N Hwy US 1		
	(Address)		-
	Cocoa, Florida 32926		
	(City/State and Zip Code)	_	-
For further inf	ormation concerning this ma	itter, please call:	
Tina Garcia	a Conover	407	721-1956
(Nai	me of Contact Person)	(Area Code	& Daytime Telephone Number)
Enclosed pleas ■ \$25 Filing	se find a check made payable Fee		epartment of State for: Fee & Certified Copy
	URIER ADDRESS:		MAILING ADDRESS:
Registration S Division of Co			Registration Section Division of Corporations
Clifton Buildi	•		P.O. Box 6327
	e Center Circle		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)

		s it appears on the records of the Flo	orida Department
of State is:	Accurate Building & Eng	ineering Contractors, LLC.	·
2. The Florida doc L16000052	•	assigned to this limited liability com	pany is:
3. The date this me	ember/manager withdrew/re	signed or will withdraw/resign is:	8/6/2018
4. IJohn Scott	Conover, Jr.	, hereby withdraw/resign as a	
(Print N	iame of Person Resigning)		
,	AMBR .		
	(Print Title)		
resignation in wr	iting.	he limited liability company has bee	n notified of my SECRETARY TALLAHAS
John	Corrows issociating Member or Resi		
Signature of D	issociating Member or Resi	gning Manager	-9 M IRY OF S
Filing Fee:	\$25.00 (Required)		ST/ST/ST/ST/ST/ST/ST/ST/ST/ST/ST/ST/ST/S
_	\$30.00 (Optional)		D B: 30 STATE