

L160002704463

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-5333

From:
Account Name : RC TAX SERVICE LLC
Account Number : I20140000083
Phone : (407)932-0040
Fax Number : (407)520-5473

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
PAR CONSTRUCTION LLC

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PAR CONSTRUCTION LLC

(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

RAFAEL R. BARRERA

(Contact Person)

PAR CONSTRUCTION LLC

(Firm/Company)

1426 SIMPSON RD #245

(Address)

KISSIMMEE, FL 34744

(City/State and Zip Code)

For further information concerning this matter, please call:

RAFAEL R. BARRERA

at (941)

565-5530

(Name of Contact Person)

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

CR28079 (2/14)

MAILING ADDRESS:

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



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

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**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 Department of State is: PAR CONSTRUCTION LLC

2. The Florida document/registration number assigned to this limited liability company is:
L16000155072

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 11/02/2016

4. I, RAFAEL R. BARRERA, hereby withdraw/resign as a
(Print Name of Person Resigning)

SECRETARY

(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)