

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

Office Use Only



500314940865

06/25/18--01031--006 **55.00





COVER LETTER

MULLIGAN & SON CONSTRUCTION, LLC SUBJECT: (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: MIKE MULLIGAN, JR. (Contact Person) Mulligan & Son Construction, LLC (Firm/Company) 933-A S State Road 7 (Address) Plantation, FL 33317 (City/State and Zip Code) For further information concerning this matter, please call: Mike Mulligan, Jr. (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: □ \$25 Filing Fee ■ \$55 Filing Fee & Certified Copy MAILING ADDRESS: STREET/COURIER ADDRESS: Registration Section Registration Section **Division of Corporations Division of Corporations** P.O. Box 6327 Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32314

CR2E079 (2/14)

Tallahassee, Florida 32301

TO:

Registration Section Division of Corporations



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)

| | limited liability company as it appears on the reciigan & Son Construction, LLC | ords of the Florida Department |
|-----------------------------------|--|--------------------------------|
| 2. The Florida doc L1600018404 | ument/registration number assigned to this limited | d liability company is: |
| 3. The date this mo | ember/manager withdrew/resigned or will withdra | ow/resign is: |
| | n, Sr, hereby withdr | |
| AMBR | rame oj verson kesigning) | |
| | (Print Title) | |
| resignation in wr | bility company and affirm the limited liability co- iting. issociating Member or Resigning Manager | mpany has been notified my |
| _ | \$25.00 (Required) \$30.00 (Optional) | |