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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Latorre Contracting LLC		
	ted Liability Com	pany)
The enclosed member, resignation or dissocia	ation and fee(s)	are submitted for filing.
Please return all correspondence concerning t	his matter to:	
Jason Garcia		
(Contact Person)		-
N/A		
(Firm/Company)		-
3617 W. Cass St		_
(Address)		
Tampa		
(City/State and Zip Code)		-
For further information concerning this matter	er, please call:	
Jason Garcia	813 at (453 - 9865
(Name of Contact Person)		& Daytime Telephone Number)
Enclosed please find a check made payable to \$25 Filing Fee		epartment of State for: Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 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)

1. The name of the	limited liability company as	s it appears on the records of th	ie Florida	Departi	ment
of State is:	orre Contracting				·
2. The Florida doc	ument/registration number as	ssigned to this limited liability	company	is:	
L160002043	10			17	
3. The date this me Jason Garcia	a	signed or will withdraw/resign, hereby withdraw/resign	μ 	/20#7 ————————————————————————————————————	· · · · · · · · · · · · · · · · · · ·
	lame of Person Resigning)	nereby withdraw/resign	. 45 4 7 7	X =	
Manager/Vice	e President			AM 11: 49	•
	(Print Title)		: ™	_	
resignation in wr	citing.	ne limited liability company ha	s been not	ified of	f my
₄Signature of D	issociating Member or Resig	gning Manager			
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)				