## 410000 26748

| (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: |  |  |  |  |
|   |  |  |  |  |
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Office Use Only



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JUN 10 2020 S. YOUNG

## **COVER LETTER**

| TO: Registration Section Division of Corporations                      |  |
|--|--|
| SUBJECT: C+NSTRUCTION/AR. (Name of Limited Lia                         | IES LINKS LLC  (bility Company)                                    |
| The enclosed member, resignation or dissociation a                     | and fee(s) are submitted for filing.                               |
| Please return all correspondence concerning this m                     | atter to:  |
| JOHN P BAPTISTE (Contact Person)                                       | <del></del>  |
| MULTI - FACETED MANAGEM  | BENT + CONSULTING 220  |
| PO BOX 694251  |  |
| 1771am: FL 33269 (City/State and Zip Code)                             |  |
| For further information concerning this matter, plea                   | ase call:  |
| Toll N P BAPTISTE at (   | 786) 767.5434<br>rea Code & Daytime Telephone Number)              |
| Enclosed please find a check made payable to the F \$25 Filing Fee \$5 | Florida Department of State for:<br>55 Filing Fee & Certified Copy |
| Mailing Address: Registration Section                                  | Street Address: Registration Section                               |
| Division of Corporations   | Division of Corporations   |
| P.O. Box 6327  | The Centre of Tallahassee  |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E079 (2/14)

Tallahassee, FL 32314



## 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 record: | s of the Florida Department  |
|--|--|-----------------------------|------------------------------|
| of State is:                               | + NSTRUCTION                             | ARIES LINKS                 | LLC.                         |
|  | /<br>ament/registration number a         |                             |                              |
| L170000                                    | 026748                                   | ·                           |                              |
| 3. The date this me                        | mber/manager withdrew/res                | signed or will withdraw/re  | esign is: <u>05-15-20</u> 20 |
| 4.1. ARICS Print N                         | LINKS LLC ame of Person Resigning)       | , hereby withdraw/r         | resign as a                  |
| Mc m                                       | Print Title)                             |                             |                              |
| of this limited liab<br>resignation in wri | oility company and affirm thing.         | ne limited liability compa  | my has been notified of my   |
|  | Ž  |                             |                              |
| Signature of Dr                            | ssociating Member or Resig               | ning Manager                | 20                           |
| Filing Fee:<br>Certified Copy:             | \$25.00 (Required)<br>\$30.00 (Optional) |                             | 2020 HAY 21                  |