## 117000051719

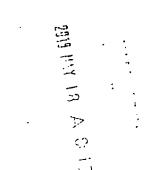
4
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



000313349800

05/18/18--01022--002 \*\*25.00



200110

## **COVER LETTER**

Registration Section

TO:

CR2E079 (2/14)

**Division of Corporations** Mr. Build Florida, 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: Jon Kendrick (Contact Person) The Kendrick Law Firm (Firm/Company) 1776 N Pine Island Rd Suite 118 (Address) Plantation, FL 33322 (City/State and Zip Code) For further information concerning this matter, please call: Jon Kendrick (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: □ \$55 Filing Fee & Certified Copy ■ \$25 Filing Fee MAILING ADDRESS: STREET/COURIER ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, Florida 32314 2661 Executive Center Circle Tallahassee, Florida 32301



## 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)

The Florida docu	ment/registration number assigned to this limited liability com	pany is:
L17000051719		
The date this me	mber/manager withdrew/resigned or will withdraw/resign is:	3/30/18
Vincent Dec	arolis	=======================================
(Print Name of Person Resigning), nereby withdraw/tesign as a		
President and	Member	₹.,;
	Print Title)	* 3
resignation in wri	ssociating Member or Resigning Manager	en notified