L17000 189 658

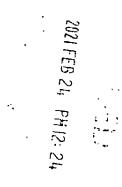
(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		
		Not

Office Use Only



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O SIMMONS MAR 1 8 2021



February 12, 2021

ERIK VAN DE BOOGAARD 14440 OLD CRYSTAL RIVER RD BROOKSVILLE, FL 34601

SUBJECT: CONSTRUCTION GENES LLC

Ref. Number: L17000189658

We have received your document for CONSTRUCTION GENES LLC, however, upon receipt of your document no check was enclosed. Please return your document along with a check or money order made payable to the Department of State for \$25.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 621A00003145

Octavia L Simmons Regulatory Specialist II Supervisor

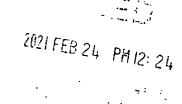
www.sunbiz.org

COVER LETTER

TO:	_	stration Section		4
	Divis	sion of Corporations		
SUBJ	ECT:	Construction Genes LLC		
		(Name of I	imited Liability Co	ompany)
The e	nclosed	d member, resignation or diss	ociation and fee((s) are submitted for filing.
Please	e returr	all correspondence concerni	ng this matter to	:
Erik v	an de Bo	oogaard		
		(Contact Person)		
Constr	ruction C	Genes LI.C		
		(Firm/Company)		_
14440	Old Cry	ystal River Rd		
		(Address)		
Brook	sville, F	L 34601		
		(City/State and Zip Code)		_
For fi	irther i	nformation concerning this m	atter, please call	:
Erik v	an đe Bo	oogaard	352 at (232-9364
	(N	iame of Contact Person)		e & Daytime Telephone Number)
	sed ple 5 Filin	ease find a check made payab g Fee		Department of State for: ng Fee & Certified Copy
		ng Address:		Street Address:
		stration Section sion of Corporations		Registration Section Division of Corporations
		Box 6327		The Centre of Tallahassee
	Talla	hassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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)

	limited liability company as it appears on the records of the Florida Department
2. The Florida doc	ument/registration number assigned to this limited liability company is:
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is:
	Boogaard, hereby withdraw/resign as a lame of Person Resigning)
Vice President an	
	(Print Title)
resignation in wr	bility company and affirm the limited liability company has been notified of my iting. 12-24-2020 ssociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)