11700025470子

(Requestor's Name)					
(Address)					
(Ad	dress)	<u> </u>			
(Cit	y/State/Zip/Phon	e #)			
<u></u>	☐ WAIT	MAIL			
(Bu	siness Entity Nar	me)			
(Document Number)					
Certified Copies	Certificates	s of Status			
Special Instructions to Filing Officer:					





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A. RIVERS MAR 3 - 2023

COVER LETTER

TO: R	Regis	tration Section		·
	Divisi	ion of Corporations		
SUBJEC	CT:	Joyner Construction Partners, LLC		
		(Name of Limit	ed Liability Cor	mpany)
The encl	losed	member, resignation or dissocia	tion and fee(s) are submitted for filing.
Please re	eturn	all correspondence concerning t	his matter to:	
John T. Si	ixbey	II		
		(Contact Person)		_
Joyner Co	onstru	ction Partners, LLC		
		(Firm/Company)		_
7545 W. U	Unive	rsity Avenue. Suite B		
		(Address)		_
Gainesvill	le, Fło	orida 32607		
		(City/State and Zip Code)		_
For furth	ier in	formation concerning this matte	r, please call:	
John T. Si	ixbey	11	352 at (332-8171
	(Na	ame of Contact Person)		& Daytime Telephone Number)
Enclosed □ \$25 F	-	ase find a check made payable to Fee	,	Department of State for: g Fee & Certified Copy
R C P	Regis Divisi P.O. I	g Address: tration Section ion of Corporations Box 6327 nassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303



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)

	e limited liability company as	••	the Florida Department
2. The Florida doc L17000254707	cument/registration number as	signed to this limited liabili	ty company is:
3. The date this m	ember/manager withdrew/resi	igned or will withdraw/resig	12/01/2022 an is:
4. I, Millard K. Joyn	er	, hereby withdraw/resig	
Member/Manage	(Print Title)		
of this limited lia resignation in w	ability company and affirm the riting.	e limited liability company	has been notified of my
Signature of I	Dissociating Member or Resign	ning Manager	5 5 F
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		112: 38 113: 38