## 118000055551

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
(Only State) 2 ip 1 Hone hy				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
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Special Instructions to Filing Officer:				

Office Use Only

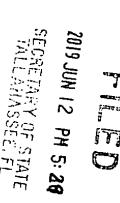


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## **COVER LETTER**

CR2E079 (2/14)

TO:	_	stration Section	.1	
	Divis	sion of Corporations		
SUBJI	ECT:	E's & B CONCRETE DESI		
		(Name of Li	mited Liability Con	npany)
The en	closed	d member, resignation or disso	ciation and fee(s	a) are submitted for filing.
Please	returr	all correspondence concerning	g this matter to:	
ELIZA	BETI	H ZAMORA		
		(Contact Person)		_
VZ AC	COL	INTING SERVICES INC.		
		(Firm/Company)		_
6420	NW 5	TH WAY		
		(Address)		-
FORT	LAU	DERDALE, FL 33309		
		(City/State and Zip Code)		-
For fur	rthe <b>r</b> in	nformation concerning this ma	tter, please call:	
ELIZA	BETI	H ZAMORA	954 at (	598-2994
	(N	Jame of Contact Person)		& Daytime Telephone Number)
Enclos	•	ease find a check made payable g Fee		Department of State for: g Fee & Certified Copy
		OURIER ADDRESS:		MAILING ADDRESS:
-		Section Corporations		Registration Section Division of Corporations
Clifton				P.O. Box 6327
2661 E	Execut	tive Center Circle Florida 32301		Tallahassee, Florida 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)

	limited liability company	as it appears on the records of the Florida Department NS LLC
2. The Florida docu L1800005555	_	assigned to this limited liability company is:
3. The date this me	mber/manager withdrew/re	esigned or will withdraw/resign is:
4. I,		. hereby withdraw/resign as a
(Prini N MANAGER	ame of Person Resigning)	
	(Print Title)	
of this limited lia resignation in wr	• •	the limited liability company has been notified of my
	SSOCIATING Member or Res	igning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	5 <u>4</u> 1938

019 JUN 12 PM 5: 29
SECRETARY OF STATI