

# L18000071045

\_\_\_\_\_  
(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



300314201093

06/13/18--01020--003 \*\*25.00

2018 JUN 13 AM 8:01  
JUL 13 2018  
JUL 13 2018

JUN 15 2018  
J. HARRIS

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CRONE DESIGN BUILD

(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:

WILLIAM CRONE

(Contact Person)

CRONE DESIGN BUILD

(Firm/Company)

5108 SANDLEWOOD DRIVE

(Address)

HOLIDAY, FLORIDA 34690

(City/State and Zip Code)

For further information concerning this matter, please call:

WILLIAM CRONE

(Name of Contact Person)

at 727 453-9368

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
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)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: CRONE DESIGN BUILD

2. The Florida document/registration number assigned to this limited liability company is:  
L18000071045

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 06/08/2018

4. I, LAWRENCE BARNETG, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*

AP

*(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)

FILED  
2018 JUN 13 AM 8:01  
TALLAHASSEE, FLORIDA