L18000246731

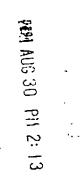
(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
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COVER LETTER

TO: Registrati	ion Section of Corporations		
SUBJECT:	BAJA	CONSTRUCTION Name of Limited Liability Company)	GROUP, LLC
		or dissociation and fee(s) are su	
Please return all o	correspondence co	oncerning this matter to:	
RAFAEL	Rober R (Contact Person)	
	(Firm/Company)	
7395	5W 140	TERRACE	
Palmeno	Bay, FL	75RRACE 33158	-
For further inform	nation concerning	this matter, please call:	
Karuel / (Name o	of Contact Person)	at (<u>786</u>) <u>3 9</u> (Area Code & Daytin	ne Telephone Number)
Enclosed please fi	nd a check made	payable to the Florida Departme \$55 Filing Fee & C	nt of State for:
Mailing Add Registratio Division of			Idress: ition Section n of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

P.O. Box 6327

Tallahassee, FL 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	e limited liab	ility company as it ap	ppears o	n the records	of the Flor	rida De	partment
of State is:	BAJA	CONSTRUCT	10N	GROUP,	LLC		 .
2. The Florida doc	cument/regist	ration number assign	ed to th	is limited liab	ility comp	any is:	
<u> 83 ·</u>	257 59	733					
3. The date this me	ember/manag	ger withdrew/resigned	d or will	withdraw/res	ign is: _8	. 26	· 202/
		Resigning)	_, hereby	y withdraw/res	sign as a		
AUTHORI	Zes 4 (Print Title)	ENBER.					
of this limited lia resignation in wr	ability compa	ny and affirm the lim	nited lial	oility company	y has been	noțifie	d of my
	May					* * * * * * * * * * * * * * * * * * *	AUG 30
Signature of D	isociating M	lember or Resigning	Manage	er) PH 2: 13
Filing Fee: Certified Copy:	\$25.00 (F \$30.00 (C	Required) Optional)					