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Registration Section TO: **Division of Corporations** POWELL CONSTRUCTION & DEVELOPMENT LLC SUBJECT: (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: BONNIE MORGAN (Contact Person) POWELL CONSTRUCTION & DEVELOPMENT LLC (Firm/Company) 104 MACCLENNY AVE E (Address) MACCLENNY, FL 32063 (City/State and Zip Code) For further information concerning this matter, please call: **BONNIE MORGAN** (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee ☐ \$55 Filing Fee & Certified Copy Street Address: **Mailing Address:** Registration Section **Registration Section Division of Corporations** Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

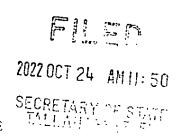
2415 N. Monroe Street, Suite 810

CR2E079 (2/14)

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)

	Elimited liability company as it appears on the records of the Florida Department ELL CONSTRUCTION & DEVELOPMENT LLC
2. The Florida doc	ument/registration number assigned to this limited liability company is:
DDADLEVAC	ember/manager withdrew/resigned or will withdraw/resign is: HRISTOPHER
MRG	tune if I Cloon Resigning)
	(Print Title)
of this limited lia resignation in w	ibility company and affirm the limited liability company has been notified of my riting.
BIND	1 Chistola
Signature of D	issociating Member or Resigning Manager
•	\$25.00 (Required) \$30.00 (Optional)