L18000 279651

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2020 JUN 26 PM 5: 22
SECRETARY OF STATE

D. BRUCE AUG 13 2020

COVER LETTER

TO: Registration Section				
Division of Corporations				
SUBJECT: High Rise Erectors, LLC				
(Name o	of Limited Liability Com	pany)		
The enclosed member, resignation or di	issociation and fee(s)) are submitted for	filling.	
Please return all correspondence concer	ming this matter to:			
VIRGINIA CRUZ				
(Contact Person)				
High Rise Erectors, LLC				
(Firm/Company)				
499 West 43rd Place				2020 JUH 26 PM 5: 22
(Address)				
Hialeah FL 33012			SECR TAI	ل 2020
(City/State and Zip Code)			E 74	至
For further information concerning this	matter, please call:		HASS	
Virginia Cruz	305 at (542-4975	— === iu °0 iu u	
(Name of Contact Person)	(Area Code	& Daytime Telepho	ne Number)	22
Enclosed please find a check made paya		•		
□ \$25 Filing Fee	■ \$55 Filing	Fee & Certified C	Гору	
Mailing Address:		Street Address:		
Registration Section		Registration Section		
Division of Corporations		Division of Corpo		
P.O. Box 6327		The Centre of Tal	lahassee	
Tallahassee, FL 32314		2415 N. Monroe S	Street, Suite 81	0

Tallahassee, FL 32303

CR2E079 (2/14)



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)

The Florida document/registration number ass	signed to this limited liability company is:	
L18000279651		
The date this member/manager withdrew/resign	gned or will withdraw/resign is: 4/20/2020	
RAFAEL CRUZ 1.	, hereby withdraw/resign as a	
(Print Name of Person Resigning)	2	20
Vice President	TACR	20 J
(Print Name of Person Resigning) Vice President (Print Title) of this limited liability company and affirm the resignation in writing.	LE A	Ē
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of this limited hability company and affirm the	imited hability company has been noutree مثمث	סר my
esignation in writing.	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	⊐K
DUC11	<u> </u>	5: 22
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Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)