# 119000026233

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#### **COVER LETTER**

Division of Corporations		
SUBJECT: Tool Chest Construction, LLC. (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:		
Michelle TVan Keulen (Contact Person)		
Tool Chest Construction (Firm/Company)		
346 19th Ave (Address)		. •
Vero Beach FL. 32962 (City/State and Zip Code)	75 27 17	
For further information concerning this matter, please call:	- PK	्र देश सुद्धाः
Michelle Wankeulen at (77a) 532-5828  (Name of Contact Person) (Area Code & Daytime Telephone Number)	ن ا ا	SIALE
Enclosed please find a check made payable to the Florida Department of State for:  \$25 Filing Fee \$25 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

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)

1. The name of the	limited liability company as it appears on the records of t	he Florida Department
of State is: To	ol Chest Construction, LC.	
2. The Florida docu	ment/registration number assigned to this limited liability	company is:
1900	<u>∞au233</u>	
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign	is: Feb 10, 2019
	nclec W. kon Kewen, hereby withdraw/resigname of Person Resigning)	ı as a
MOR	- (Print Title)	
of this limited liab resignation in wri	pility company and affirm the limited liability company hatting.	as been notified of my
	ssociating Member or Resigning Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	THEO TY OF STATE THEORY STATE THE 3: 58