# 490000 28378

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> FILED 2019/1821/5 PH 2: 26

Resignation

MAR 1 9 2019 I ALBRITTON

#### **COVER LETTER**

TO: Registration Section RE: 1. resignation for Au Division of Corporations RE: 1. resignation of Timot	uthor Yomans hy Wellman as
SUBJECT: Wellman Construction Services (Name of Limited Liability Company)	
The enclosed member, resignation or dissociation and fee(s) are submitted for filing	s on
Please return all correspondence concerning this matter to:	all
Timothy Wellman (Contact Person)	paperwo as
Wellman Construction Servicus LLC (Firm/Company) J document	
1408 Turner Street L19000(	) 28 3 78
Clear water FL 33756 (City/State and Zip Code)	
For further information concerning this matter, please call:	
Timothy Wellman at (727) 336 - 76 (Name of Contact Person) (Area Code & Daytime Telephone Nu	464 (mber)
Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee \$\square\$ \$55 Filing Fee & Certified Copy	

#### STREET/COURIER ADDRESS:

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

CR2E079 (2/14)

#### MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314



March 5, 2019

TIMOTHY WELLMAN WELLMAN CONSTRUCTION SERVICES LLC 1408 TURNER STREET CLEARWATER, FL 33756

SUBJECT: WELLMAN CONSTRUCTION SERVICES LLC

Ref. Number: L19000028378

We have received your document for WELLMAN CONSTRUCTION SERVICES LLC and your check(s) totaling \$50.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You can not resign a member and add a member on the same form. Please see the attached forms.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

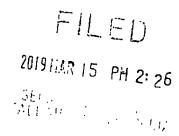
If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton Regulatory Specialist II

Letter Number: 319A00004514

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### 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 l	limited liability company as it appears on the records of the Florida Department
of State is:	Ellman Construction Services U.C.
2. The Florida docu	ment/registration number assigned to this limited liability company is:
L19000	<u>028378</u>
3. The date this mer	nber/manager withdrew/resigned or will withdraw/resign is: $2 - /9 - /9$
4. I. Author (Print No.	hereby withdraw/resign as a me of Person Resigning)
Manag	Print Title)
of this limited liab resignation in writ	ility company and affirm the limited liability company has been notified of my ing.
author	Jamans Basining Manager
Signature of Dis	sociating Member or Resigning Manager
	\$25.00 (Required)*. \$30.00 (Optional)
Certifica Copy:	\$30.00 (Optionar)