L19000104016

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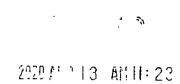
TO: Registration Section	
Division of Corporations	
SUBJECT: Paul Anthony Con.	Structural LLC mited Liability Company)
The enclosed member, resignation or dissoc	ciation and fee(s) are submitted for filing.
Please return all correspondence concerning	g this matter to:
Michael Anderson (Contact Person)	
(Contact Person)	
(Firm/Company)	
107/ Willow Branch Ave (Address)	
Juckson Ville, FL 32205 (City/State and Zip Code)	
For further information concerning this mat	tter, please call:
Michael Anderson (Name of Contact Person)	at (904) 480 649 (Area Code & Daytime Telephone Number)
Englosed please find a check made payable \$25 Filing Fee	<u>-</u>
Mailing Address:	Street Address:
Registration Section Division of Corporations	Registration Section Division of Corporations
P.O. Box 6327	The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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	limited liability company as it appears on the records of the Florida Department
of State is: Pay	I Anthony Construction LLC
2. The Florida docu	ment/registration number assigned to this limited liability company is:
L1900010	9401b
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is: 4-7-20
4. I, MiChael A	nder Sco , hereby withdraw/resign as a a ame of Person Resigning)
Amb	(Print Title)
of this limited liab resignation in wri	pility company and affirm the limited liability company has been notified of my iting.
Michael Ann	Wisn
Signature of Di	ssociating Member or Resigning Manager
_	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)