## L19000 133998

| (Re                                     | questor's Name)   | <del></del> |
|---|-------------------|-------------|
| (Ad                                     | dress)            |             |
| (Ad                                     | dress)            |             |
| (Cit                                    | y/State/Zip/Phone | e #)        |
| PICK-UP                                 | MAIT              | MAIL        |
| (Bu                                     | siness Entity Nar | ne)         |
| (Do                                     | ocument Number)   |             |
| Certified Copies                        | _ Certificates    | of Status   |
| Special Instructions to Filing Officer: |                   |             |
|   |                   |             |
|   |                   |             |
|   |                   |             |
|   |                   |             |

Office Use Only



100335086221

10/11/15--01013--014 \*\*50.00

SPOKE TAKE OF STATE

redmens do cai a

OCT 3 0 2019

D CUSHING

## **COVER LETTER**

| TO: Registration Section Division of Corporations  |   |              |         |
|--|---|--------------|---------|
| SUBJECT: Facility Cantracting (Name of Limited Liability Con                                     | y Soldinos UC                                   |              |         |
| The enclosed member, resignation or dissociation and fee(s                                       | s) are submitted for filing.                    |              |         |
| Please return all correspondence concerning this matter to:    Contact Person                    | _   |              |         |
| Facility Contracting Solutions LLC (Firm/Company)  | _   |              |         |
| 12087 62 nd s/ N Unit//  | _   |              |         |
| Large (City/State and Zip Code)  | _   |              |         |
| For further information concerning this matter, please call:                                     |   | باسر<br>في ا |         |
| Bright Peges on at (72) (Name of Contact Person) (Area Code                                      | ) S99-3785<br>& Daytime Telephone Number)       |              | があった。   |
| Enclosed please find a check made payable to the Florida I \$25 Filing Fee \$\sum_\$ \$55 Filing | Department of State for: g Fee & Certified Copy | FH 5: 62     | POKALES |
| STREET/COURIER ADDRESS:  | MAILING ADDRESS:                                |              | 4,73    |
| Registration Section Division of Corporations  | Registration Section Division of Corporations   |              |         |
| Clifton Building   | P.O. Box 6327                                   |              |         |

Tallahassee, Florida 32314

CR2E079 (2/14)

2661 Executive Center Circle

Tallahassee, Florida 32301



## 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   | Similed liability company as it appears on the records of the Florida Depart                  | ment  |
|--|---|-------|
| 2. The Florida document   2. The Florida document   4. 19000 | ment/registration number assigned to this limited liability company is:                       |       |
| 4. I. (Print No.   | Experient Title)  ility company and affirm the limited liability company has been notified of | 7     |
| Signature of Diss Filing Fee: Certified Copy:                | sociating Member or Resigning Manager  \$25.00 (Required) \$30.00 (Optional)                  | WIENS |