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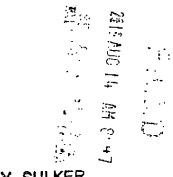
(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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COVER LETTER

Division of Corporations
SUBJECT: Universal Construction LLC (Name of Limited Liability Company)
(Name of Elimited Liability Company)
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:
Olivia Beskin (Contact Person)
(Contact Person)
Olivia Marquez, INC (Firm/Company)
(Firm/Company)
455 NE 14 ST (Address)
(Address)
Bocca Raton, FL 33432 (City/State and Zip Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
\mathcal{L}
(Name of Contact Person) at (56) 703 2282 (Area Code & Daytime Telephone Number)
(Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for:
\$25 Filing Fee

MAILING ADDRESS:

Division of Corporations

Tallahassee, Florida 32314

Registration Section

P.O. Box 6327

CR2E079 (2/14)

Registration Section

Clifton Building

Division of Corporations

2661 Executive Center Circle

Tallahassee, Florida 32301

STREET/COURIER ADDRESS:

TO: Registration Section



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)

	limited liability company as it appe		rida Departmer	ıt
2. The Florida docu	ment/registration number assigned いりゅうち	to this limited liability comp	pany is: 28	
4. I. Olivia	mber/manager withdrew/resigned of Beskin	nereby withdraw/resign as a	AH 8 47	, " , , , , , , , , , , , , , , , , , ,
resignation in wri	ility company and affirm the limite ing. sociating Member or Resigning M.		i notified of my	y'
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)			