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	(Requestor's Name)	
	(Address)	
	(Address)	
	(City/State/Zip/Phone #)	
PICK-UI	P WAIT	MAIL
	(Business Entity Name)	
	(Document Number)	
Certified Copies	Certificates of S	Status
Special Instructions	s to Filing Officer:	
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: PAILZIEN CONTRACTING (Name of Limited Liability Comp	TROUP LLC
The enclosed member, resignation or dissociation and fee(s)	are submitted for filing.
Please return all correspondence concerning this matter to:	
Dy AN PANDER (Contact Person)	
Parker Contracting GROUP	LCC.
1730 Clive & Dr. (Address)	
FEMINATION BEACL FC 32C3 (City/State and Zip Code)	(/
For further information concerning this matter, please call:	
Name of Contact Person) at (904) (Area Code &	322 2900 Daytime Telephone Number)
Enclosed please find a check made payable to the Florida De ☐ \$25 Filing Fee \$55 Filing I	partment of State for: Fee & Certified Copy
Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303



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 appears on the records of the Florida Department
of State is:	prhen Contracting Group LLC
	ment/registration number assigned to this limited liability company is:
<u> </u>	
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is: $\frac{12/10/20}{9}$
4. I, Miché	hereby withdraw/resign as a mane of Person Resigning)
Title 1	Print Title)
	oility company and affirm the limited liability company has been notified of my
Signature of Di	esociating Manher of Pacigning Manager
Signature of Di	ssociating Member or Resigning Manager
	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)