## 119000279330

•	(Address)  (Address)			
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•	(City/State/Zip/Phone #)			
•	PICK-UP WAIT MAIL			
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(Business Entity Name)				
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## **COVER LETTER**

Registration Section TO: **Division of Corporations** Ground up Construction Group LLC SUBJECT: (Name of Limited Liability Company) The enclosed member, resignation or dissociation and fee(s) are submitted for filing. Please return all correspondence concerning this matter to: patrick forbes (Contact Person) Ground up construction group Ilc (Firm/Company) 719 myrtle lak court apt 304 (Address) orlando, florida, 32825 (City/State and Zip Code) For further information concerning this matter, please call: Patrick forbes 347 972-8783 at ( (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: ☐ \$25 Filing Fee ■ \$55 Filing Fee & Certified Copy Mailing Address: Street Address: Registration Section

Tallahassee, FL 32314

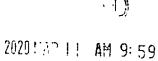
P.O. Box 6327

**Division of Corporations** 

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

CR2E079 (2/14)







## 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)

Grou	e limited liability company as it append Up Construction Group LLC	pears on the records of the Florida Department		
2. The Florida doc L19000279330	ument/registration number assigne	d to this limited liability company is:		
3. The date this me	ember/manager withdrew/resigned	or will withdraw/resign is:		
Ternie Charles		hamba with duranton and		
4. 1,	lame of Person Resigning)	nereby withdraw/resign as a		
•	member / co founder			
	(Print Title)			
of this limited lia resignation in wr		ted liability company has been notified of my		
2	SUND.			
Signature of D	issociating Member or Resigning	Manager		
Filing Fee:	\$25.00 (Required)			
Certified Copy:	\$30.00 (Optional)			