# 119000279330

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Bostament Namber)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
J DENNIS
MAR - 2 2023

Office Use Only



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SECRETAR POR LESS 1

#### **COVER LETTER**

Division of Corporations
SUBJECT: Cround Up Construction Group C.L.( (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 LLC (Firm/Company)
719 Myrtle lake Court Apt 305 (Address)
Oclanda Fl 32825 (City/State and Zip Code)
For further information concerning this matter, please call:
Poetrick Forbes at (347) 972 - 5783 (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 □ \$55 Filing Fee & Certified Copy
Mailing Address: Street Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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)

1. The name of the lir	nited liability company as it appears on the records of the Florida Department
of State is:	ound Up Construction Group LLC.
2. The Florida docum	ent/registration number assigned to this limited liability company is:
	279330
3. The date this memb	per/manager withdrew/resigned or will withdraw/resign is: 12/05/22
4. I, <u>Potrick to</u> _(Print Nam	$\frac{1600}{1000}$ , hereby withdraw/resign as a e of Person Resigning)
Am	BQ int Title)
of this limited liabil resignation in writin	ity company and affirm the limited liability company has been notified of my
Tatric	1 Tecles
Signature of Disso	ociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)



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1. The name of the	limited liability company as it appears on the records of the Florida Departmen
of State is:	smand Up Construction Group LLC
2. The Florida docu	ment/registration number assigned to this limited liability company is:
21900	0279330
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is: 12 65 22
4. I, Potrick	hereby withdraw/resign as a
Patrice	Print Title)
of this limited lial resignation in wri	bility company and affirm the limited liability company has been notified of my
Citic	id Fertless-
Signature of Di	ssociating Member or Resigning Manager
•	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)