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(Re	questor's Name)			
(Ad	dress)			
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(Cit	y/State/Zip/Phone	e #)		
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COVERLETTER

TO:		tion Section		
	Division	of Corporations		
SUBJ	ECT:	STPAC CONSTRUCTION C	GROUP, LLC	
		(Name of	f Limited Liability C	ompany)
The er	nclosed m	ember, resignation or dis	ssociation and fee	(s) are submitted for .īling.
Please	return all	correspondence concerr	ning this matter to):
Karo	LYN ALVA	AREZ		
		(Comact Person)		
				**
		(Firm/Company)		
433 SU	INSHINE D			
		(Address)		••••
COCO.	NUT CREE	K, FL 33066		
		(City/State and Zip Code)		
For fu	rther info	rmation concerning this i	matter, please cal	l:
KARO	LYN ALV/	AREZ	561	289-3737
	(Name	e of Contact Person)	(Area Coc	le & Daytime Telephone Number)
Enclos	sed please	find a check made pava	ble to the Florida	Department of State for:
	5 Filing Fo			ng Fee & Certified Copy
	Mailing A	ddraes		Street Address:
		tion Section		Registration Section
	Division	of Corporations		Division of Corporations
	P.O. Bo:			The Centre of Tallahassee
	Tallahas	see, FL 32314		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 Flo	orida Departmen	i
		ssigned to this limited liability com	pany is:	
3. The date this me	mber/manager withdrew/res	igned or will withdraw/resign is: 2.	1/202)	
4. I. KAROLYN AL.	NAREZ 'ame of Person Resigning)	hereby withdraw/resign as a		
AMBR	, , , , , , , , , , , , , , , , , , , ,			
	(Print Title)		2021 TAL	
resignation in wr	- ,	e limited liability company has bee	1 MAR 29 AM 10: 05	
y			OS AIEA	
Filing Fee:	\$25.00 (Required)			
Certified Copy:	\$30.00 (Optional)			