120000250479

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Office Use Only



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COVER LETTER

| TO: | Registration Section Division of Corporations | |
|--------|--|--|
| SUBJ | ECT: Ford Contracting 11 C (Name of Limited Liability Co | ompany) |
| The er | nclosed member, resignation or dissociation and feet | s) are submitted for filing. |
| Please | return all correspondence concerning this matter to | : |
| | Lauring Gimoi C (Contact Person) | _ |
| | (Firm/Company) | |
| 2 | 947 Loran Dr W (Address) | |
| | (Address) | _ |
| | Jacksonville [L 32216 (City/State and Zip Code) | _ |
| For fu | rther information concerning this matter, please call | : |
| _ Lo | (Name of Contact Person) at (404) | 330-4008 |
| Enclos | sed please find a check made payable to the Florida | |
| | Mailing Address: 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 |

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)

| 1. The name of the limited liability company as it appears on the records of the Florida Department |
|--|
| of State is: Ford Contracting 110 |
| 2. The Florida document/registration number assigned to this limited liability company is: L2000 25 04 7 9 |
| 3. The date this member/manager withdrew/resigned or will withdraw/resign is: 1/11/2022 |
| 4. I. Lawienee Gilnore hereby withdraw/resign as a (Print Name of Person Resigning) |
| Vice Prisident |
| of this limited liability company and affirm the limited liability company has been notified of my resignation in writing. |
| Luc Car |
| Signature of Dissociating Member or Resigning Manager |
| Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional) |