121000031059

(Re	equestor's Name)	
	_	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Name	<u>-</u>
(50	iomoso Emily Maria	-,
(D-		
(DC	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
		

Office Use Only



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2022 APR -5 AM 6: 38 SECRETARY OF STATE TALLAHASSEE

O SIMMONS APR 1 9 2022

COVER LETTER

	stration Section sion of Corporations		
DIVI.	sion of corporations		
SUBJECT:	Capital Concrete LLC,		
	(Name of	Limited Liability C	ompany)
The enclosed	d member, resignation or dis	sociation and fee	e(s) are submitted for filing.
Please return	all correspondence concern	ning this matter to	o:
Garrett Polk			
	(Contact Person)		_
Capital Concre	ete		
	(Firm/Company)		
6404 Josephin	c Arbor Pi		
***	(Address)		
Temple Terrac	ce, FL 33617		
	(City/State and Zip Code)		_
For further i	nformation concerning this	matter, please cal	11:
Garrett Polk		813 at (373-8440
4)	lame of Contact Person)		de & Daytime Telephone Number)
Enclosed plo ■ \$25 Filin	ease find a check made paya g Fee		Department of State for: ng Fee & Certified Copy
	ng Address:		Street Address:
	stration Section		Registration Section
	sion of Corporations		Division of Corporations
P.O.	Box 6327		The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E079 (2/14)

Tallahassee, FL 32314

FILED

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SECRETARY OF STATE TALLAHASSEE, FL

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 Departmen of State is: CAPITAL CONCRETE LLC,				
	cument/registration number assigned to this limited liability company is:			
Patrick Co-	ember/manager withdrew/resigned or will withdraw/resign is:			
MGR Mon.	Cーつさい (Print Title)			
of this limited lia resignation in w	ibility company and affirm the limited liability company has been notified of my iting.			
Signature of D	issociating Member or Resigning Manager			
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Ontional)			