621000043418

(Requestor's Name)				
(Address)				
(Address)				
(Cit	y/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
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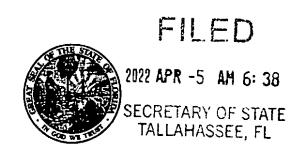
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SECRETARY OF STATE
TALLAHASSEE, FL

O SIMMONS APR 1 9 2022

COVER LETTER

TO: Regi	stration Section		
Divi	sion of Corporations		
SUBJECT:	Vulcan Group Engineering LLC		
SCEULCI.	(Name o	f Limited Liability Co	ompany)
The enclose	d member, resignation or dis	ssociation and fee	(s) are submitted for filing.
Please return	all correspondence concern	ning this matter to	:
David Kessler			
	(Contact Person)		_
N/A			
	(Firm/Company)		_
2090 Quail Ro	ost Dr		
	(Address)	·······	
Weston, Fl 33	327		
	(City/State and Zip Code)		
For further i	nformation concerning this	matter, please call	l:
David Kessler		305 at (546 - 0651
(1)	Jame of Contact Person)		le & Daytime Telephone Number)
Enclosed ple	ease find a check made paya	ble to the Florida	Department of State for:
	g Fee		
	ng Address:		Street Address:
_	stration Section sion of Corporations		Registration Section Division of Corporations
	Box 6327		The Centre of Tallahassee
Talla	hassee, 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)

1. The name of the	limited liability company	as it appears on the records of the Florida Department
of State is: Vulca	n Group Engineering LLC	<u></u> -
2. The Florida docu L21000043418	ament/registration number	assigned to this limited liability company is:
3. The date this me	mber/manager withdrew/re	esigned or will withdraw/resign is: April 1 '22
4. I, David Kessler (Print Name of Person Resigning)		
Manager		
	(Print Title)	
of this limited lia resignation in wr		the limited liability company has been notified of my
Signature of Di	ssociating Member or Res	igning Manager
	\$25.00 (Required) \$30.00 (Optional)	