L21000185473

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certificates of Status				
Special instructions to Filing Officer				
J DEMINS				
S2P 10 2023				
(Document Number) Certified Copies Certificates of Status Special instructions to Filing Officer				





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TOTARY OF STATE

COVER LETTER

Div	vision of Corporations				
SUBJECT	Syndicate Contracting LLC				
SCBOLC I		(Name of Limited Liability Company)			
The enclos	ed member, resignation or dis	sociation and fe	e(s) are submitted for filing.		
Please retu	rn all correspondence concern	ing this matter t	to:		
Clint Friesen	1				
	(Contact Person)				
Syndicate Co	ontracting LLC				
	(Firm/Company)				
70 W Wild E	Blueberry Way				
	(Address)				
SANTA RO	SA BEACH, FL 32459				
	(City/State and Zip Code)		_		
For further	information concerning this n	natter, please ca	II:		
Clint Frieser	1	850 at (8304888		
•	(Name of Contact Person)		ode & Daytime Telephone Number)		
-	olease find a check made payal		•		
□ \$25 Fili	ing Fee	≡ \$55 Fil	ing Fee & Certified Copy		
	iling Address:		Street Address:		
-	gistration Section		Registration Section		
	vision of Corporations		Division of Corporations		
	D. Box 6327		The Centre of Tallahassee		
ral	lahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		

CR2E079 (2/14)

TO: Registration Section





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)

	e limited liability company as it appears on the reco	ords of the Florida Department
2. The Florida doc	cument/registration number assigned to this limited	liability company is:
L21000185473		
3. The date this me	nember/manager withdrew/resigned or will withdraw	v/resign is:
4. I, Renee Friesen	, hereby withdray	w/resign as a
(Print l	Name of Person Resigning)	J
AMBR		
	(Print Title)	
of this limited lia	ability company and affirm the limited liability comviting.	pany has been notified of my
Signature of D	Dissociating Member or Resigning Manager	
-	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	