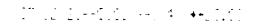
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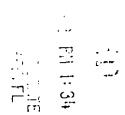
(Reque	stor's Name)		
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(City/Si	ate/Zip/Phone #)		
PICK-UP	WAIT MAIL		
(Busine	ess Entity Name)		
(Document Number)			
Certified Copies	Certificates of Status		
Special Instructions to Filin	ng Officer:		





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COVER LETTER

Division of Corporations TAAK CONSTRUCTION LLC SUBJECT: (Name of Limited Liability Company) The enclosed member, resignation or dissociation and fee(s) are submitted for filing. Please return all correspondence concerning this matter to: Stephen Ryan (Contact Person) TAAK Construction LLC (Firm/Company) 1701 Park Center DR 210 (Address) Orlando FL 32835 (City/State and Zip Code) For further information concerning this matter, please call: Stephen Ryan (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: **■** \$25 Filing Fee ☐ \$55 Filing Fee & Certified Copy Mailing Address: Street Address: Registration Section Registration Section Division of Corporations **Division of Corporations** P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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)

		y as it appears on the records of the Flori	da Departme	:nt
2. The Florida doc L21000282473	ument/registration numb	er assigned to this limited liability compa	ny is:	
Eddie Ryan		/resigned or will withdraw/resign is:	/21	-
(Print) Manager (MGR)	iame of Person Resigning)	, hereby withdraw/resign as a	:	
of this limited lia		m the limited liability company has been	motified of m	ly
Signature of D	Ryon- issociating Member or R	esigning Manager		
Filing Fee:	\$25.00 (Required) \$30.00 (Optional)			