## 12-1000374455

(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:





600413014526

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WELL SHEET SHEET

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## **COVER LETTER**

Division of Corporations
SUBJECT: MN CONCYLE POMPING LLC (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:
ROCIO QUEZADA (Contact Person)
MN CONCRETE PAMPINEJUC
2233 RCCKWOOD DR. (Address)
Apopy C1 FL. 32703 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for:  S25 Filing Fee & Certified Copy

Mailing Address:

Registration Section

TO:

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



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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)

	limited liability company as it appears on the records of the Florida Department
of State is: _\(\sigma\)	N Concrete Rumping LLC
	ument/registration number assigned to this limited liability company is:
L21000	374455
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is: 7/28/2023
4.1, JOSP. GC	hereby withdraw/resign as a lame of Person Resigning)
Memo	Print Title)
of this limited lia resignation in wr	bility company and affirm the limited liability company has been notified of my iting.
Jose Gon	Zalez
Signature of Di	ssociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)