## L21000397119

| (Re                     | equestor's Name)  |             |
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| (Ad                     | dress)            |             |
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| (Cit                    | y/State/Zip/Phon  | e #)        |
| PICK-UP                 | ☐ WAIT            | MAIL        |
|                         |                   |             |
| (Bu                     | siness Entity Nar | me)         |
|                         |                   |             |
| (Do                     | cument Number)    | )           |
| Certified Copies        | Certificate       | s of Status |
| · -                     | -                 |             |
| Special Instructions to | Filing Officer:   |             |
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Office Use Only



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at 1/24/2024

## **COVER LETTER**

| Division of Corporations                                                                           |                                                                                                                                                               |
|----------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SUBJECT: 618 Constructio                                                                           | n LLC<br>Liability Company)                                                                                                                                   |
| The enclosed member, resignation or dissociation                                                   | on and fee(s) are submitted for filing.                                                                                                                       |
| Please return all correspondence concerning this                                                   | matter to:                                                                                                                                                    |
| Dylan Barbieri (Contact Person)                                                                    |                                                                                                                                                               |
| (Contact Person)                                                                                   |                                                                                                                                                               |
| (Firm/Company)                                                                                     |                                                                                                                                                               |
| 4530 Amberly Daks Ct                                                                               |                                                                                                                                                               |
| Tampa, FL 33614 (City/State and Zip Code)                                                          |                                                                                                                                                               |
| For further information concerning this matter, p                                                  | please call:                                                                                                                                                  |
| Melanie Kosmowski at                                                                               | ( 808 ) 829-14 <b>1</b> 0                                                                                                                                     |
| (Name of Contact Person)                                                                           | (Area Code & Daytime Telephone Number)                                                                                                                        |
| Enclosed please find a check made payable to th   ✓ \$25 Filing Fee                                | ne Florida Department of State for:  3 \$55 Filing Fee & Certified Copy                                                                                       |
| Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Street Address;<br>Registration Section<br>Division of Corporations<br>The Centre of Tallahassee<br>2415 N. Monroe Street, Suite 810<br>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)

|                                               | mited liability company as it appears on the records of the Florida Department  B Construction LLC |
|-----------------------------------------------|----------------------------------------------------------------------------------------------------|
|                                               | nent/registration number assigned to this limited liability company is:                            |
| 3. The date this mem                          | ber/manager withdrew/resigned or will withdraw/resign is: 12/14/2023                               |
| 4.1. Melanie                                  | KOSMOWSKI hereby withdraw/resign as a ne of Person Resigning)                                      |
| <del></del>                                   | 1thorized Member                                                                                   |
| of this limited liabi<br>resignation in writi | lity company and affirm the limited liability company has been notified of my ng.                  |
|                                               | Ociating Member or Resigning Manager                                                               |
| Filing Fee:<br>Certified Copy:                | •                                                                                                  |