

# L22000166763

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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S. PRATHER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MEGS Contracting Services PLLC  
(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:

Marie E Singh  
\_\_\_\_\_  
(Contact Person)

MEGS Contracting Services PLLC  
\_\_\_\_\_  
(Firm/Company)

4000 Silver Spur Road  
\_\_\_\_\_  
(Address)

Panama City, FL 32404  
\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Marie Singh at ( 850 ) 633-9944 or 407-928-1456  
\_\_\_\_\_  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

- \$25 Filing Fee                       \$55 Filing Fee & Certified Copy

**Mailing Address:**  
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



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: MEGS CONTRACTING SERVICES PLLC

2. The Florida document/registration number assigned to this limited liability company is:  
L22000166763

3. The date this member/manager withdrew/resigned or will withdraw/resign is: Sept. 1, 2022

4. I, CARLENE A REYNOLDS, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*

MANAGER

*(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)

2022 SEP 14 4:11:00 PM