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COVER LETTER

Division of Corporations H&M CONCRETE CONTRACTORS 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: KRISTI L. BENSON (Contact Person) **BREWERLONG PLLC** (Firm/Company) 407 WEKIVA SPRINGS RD STE 241 (Address) LONGWOOD, FLORIDA 32779 (City/State and Zip Code) For further information concerning this matter, please call: KRISTI L. BENSON at (_____)
(Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: S25 Filing Fee ☐ \$55 Filing Fee & Certified Copy Mailing Address: Street Address: Registration Section Registration Section **Division of Corporations Division of Corporations** The Centre of Tallahassee P.O. Box 6327 Tallahassee, 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)

1.	The name of the limited liability company as it appears on the records of the Florida Department
(of State is:
2. 7	The Florida document/registration number assigned to this limited liability company is: L23000112906
3. 7	The date this member/manager withdrew/resigned or will withdraw/resign is:
4.]	, MIKELL MAY , hereby withdraw/resign as a (Print Name of Person Resigning)
	Manager and Member
	(Print Title)
	f this limited liability company and affirm the limited liability company has been notified of my esignation in writing.
M	likel May
	Signature of Dissociating Member or Resigning Manager
	ing Fee: \$25.00 (Required)
CC	rtified Copy: \$30.00 (Optional)