## M1600000315

(Requestor's Nam	e)					
(Address)						
(Address)						
(City/State/Zip/Pho	one #)					
PICK-UP WAIT	MAIL					
(Business Entity N	Jame)					
(Document Number)						
Certified Copies Certifica	tes of Status					
Special Instructions to Filing Officer:						





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07/23/18--01030--020 \*\*25.00

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## **COVER LETTER**

CR2E079 (2/14)

то:	_	stration Section tion of Corporations				
SUBJ		UTILITY INFRASTRUCTU	JRE CONSTRI	JCTION LLC		
		(Name of Limited Liability Company)				
The er	nclosed	l member, resignation or disso	ociation and fee(	s) are submitted for filing.		
Please	e return	all correspondence concernir	ng this matter to:			
GABI	RIELA	SNELL				
<del></del>		(Contact Person)		<del>-</del>		
A&G	Accou	inting and Business Service	es <b>L</b> LC			
		(Firm/Company)		_		
5401	S. Kir	kman St., Ste. 310				
		(Address)		_		
Orlan	ndo, Fl	_ 32819				
		(City/State and Zip Code)	••	_		
For fu	rther ir	nformation concerning this ma	atter, please call:			
ROM	ESH F	KEVADIA	407	949-4041		
	(N	ame of Contact Person)	_ \	& Daytime Telephone Number)		
	sed ple Filing	ase find a check made payable Fee		Department of State for: g Fee & Certified Copy		
		OURIER ADDRESS:		MAILING ADDRESS:		
-		Section Corporations		Registration Section Division of Corporations		
	n Build	•		P.O. Box 6327		
		ive Center Circle Florida 32301		Tallahassee, Florida 32314		



## 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)

	e limited liability company as	it appears on the records of the	e Florida Department
2. The Florida doc M160000031	_	ssigned to this limited liability	company is:
4. I, ROMESH K	EVADIA  Name of Person Resigning)  /	igned or will withdraw/resign i, hereby withdraw/resign e limited liability company has	as a
Filing Fee:	issociating Member or Resign \$25.00 (Required) \$30.00 (Optional)	ning Manager	2018 JUL 23 PM