

	(Requestor's Name)	
	(Address)	
	(Address)	
	(City/State/Zip/Phone #)	
PICK-UF	P WAIT MAIL	
	(Business Entity Name)	
(Document Number)		
Certified Copies	Certificates of Status	
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AUG 05 2016

R. WHITE

TRANSMITTAL LETTER

	Amendment Section Division of Corporations
SUBJEC	CT: SJP Construction, INC (Name of Corporation)
DOCUM	MENT NUMBER: P05000/1/383
The encl	osed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please re	eturn all correspondence concerning this matter to the following:
Te	ony Almeida (Name of Person)
	(Name of Firm/Company)
4	21340 SW 87th place (Address)
Cutl	City/State and Zip Code)
For furth	ner information concerning this matter, please call:
Ton	Almeida at (786) 252.0039 (Name of Person) at (786) 252.0039 (Area Code & Daytime Telephone Number)
Enclosed	d is a check for \$35.00 made payable to the Florida Department of State.
Amendar Division P.O. Box	Address: Dient Section Of Corporations C6327 See, FL 32314 Street Address: Amendment Section Division of Corporations 2661 Executive Center Circle Tallahassee, FL 32301

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

1, Tony Almeida	, hereby resign as Treasure (Title)
of SJP Construction (Name of	/ N C . of Corporation)
Po5000113831 (Document Number, if known)	, a corporation organized under the laws of the State of
Florida	
Junto	All .
(Si	gnature of resigning officer/director)
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Make checks payable to Florida Department of State and mail to:

FILING FEE IS \$35.00

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314