

PO9000017821

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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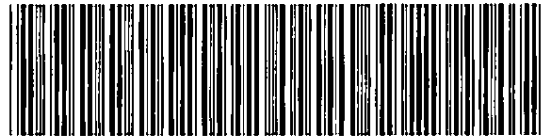
(Business Entity Name)

(Document Number)

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STATE  
TALLAHASSEE, FLORIDA

FM 3-11-25

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** \_\_\_\_\_  
GGL and Sons Construction, Inc.  
\_\_\_\_\_  
(Name of Corporation)

**DOCUMENT NUMBER:** \_\_\_\_\_  
P09000017821  
\_\_\_\_\_

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

George G. Labbad  
\_\_\_\_\_  
(Name of Person)

GGL and Sons Construction, Inc.  
\_\_\_\_\_  
(Name of Firm/Company)

2288 NW 36th Street  
\_\_\_\_\_  
(Address)

Boca Raton, FL 33431  
\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

George G. Labbad at ( 561 ) 866-1718  
\_\_\_\_\_  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

**Mailing Address:**

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

**Street Address:**

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Gillian M. Labbad, hereby resign as Project Coordinator  
(Title)

of GGL and Sons Construction, Inc.  
(Name of Corporation)

P09000017821, a corporation organized under the laws of the State of  
(Document Number, if known)  
Florida

  
(Signature of resigning officer/director)

**FILING FEE IS \$35.00**

**Make checks payable to Florida Department of State and mail to:**

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

FILED  
2025 MAR -5 PM 12:30  
SECRET OF STATE  
TALLAHASSEE, FLORIDA