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(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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resignation

01/18/11--01071--017 **35.00



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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: C.R. KUENIN SouthEAST INC DEAKLENIN CONSIDERATION, INC. (Name of Corporation)
DOCUMENT NUMBER:
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
JACK R. UURKH (Name of Person)
CR. KLEWIN SouthEAST INC DRA KLEWIN CHISTERICAL INC. (Name of Firm/Company)
1655 PALM BEACH LAKES BLUD - SUME 903-C (Address)
WEST PAUL BEACH, FLURIDA 33401 (City/State and Zip Code)
For further information concerning this matter, please call:
JACK UURICH at (56) 798-300 = HOLLE (Name of Person) (Area Code & Daytime Telephone Number)

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

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

Jack R. Ullrich 244 Marble Canyon Dr. Wellington, Florida 33414

January 10, 2011

Amendment Section

· Divisions of Corporations

Post Office Box 6327

Tallahassee, Florida 32314

Attached is Cover Letter Form, Officer / Director Resignation for a Corporation form along with a check in the amount of \$35.00 payable to Florida Department of State.

As of January 1, 2011 I am no longer the President of C.R. Klewin Southeast, Inc. dba Klewin Construction, Inc.

Should there be additional information I need to provide, please let me know.

I can be contacted at 561-798-3064 (home) or 561-379-7315 (cell phone).

Sincerely,

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

FILED

2011 JAN 18 AM 11: 18

SECRETARY OF STATE TALLAHASSEE, FLORIDA

I, JACK, UURICH	, hereby resign a	s PRESIDENT
	·	(Title)
of(Na	me of Corporation)	IN CONSTRUCTION, INC.
(Document Number, if known)	, a corporation organized t	under the laws of the State of
Florida		
	7	
///-//	(Signature of resigning officer/dir	ector)

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