659728

(Request	or's Name)	
(Address))	
(Address)	
(City/Stat	e/Zip/Phone #)	
PICK-UP] WAIT	MAIL
(Busines	s Entity Name)	
(Docume	nt Number)	
Certified Copies	Certificates of	Status
Special Instructions to Filing	Officer:	

Office Use Only



300112344133

11/19/07--01060--008 **35.00

O'NOV 19 PM 3: 11
SECRETARY OF STATE

11-27

COVER LETTER

SUBJECT: BRUCE RIENDEAU	J ELECTRIC, INC.
	(Name of Corporation)
DOCUMENT NUMBER: 659	728
The enclosed Officer/Director Resi	gnation for a Corporation and fee are submitted for filing
Please return all correspondence co	oncerning this matter to the following:
KATHRYN RIENDEAU	,
(Name of Per	son)
BRUCE RIENDEAU ELECTRI	C INC
(Name of Firm/C	ompany)
17224 KEY LIME BLVD	
(Address)	
LOXAHATCHEE FL 33470	
(City/State and Zi	p Code)
For further information concerning	this matter, please call:
J MCGONIGLE	at (954) 583-6666 (Area Code & Daytime Telephone Number)
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 mag	de 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

TO:

Amendment Section Division of Corporations

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I. BRUCE G RIENDEAU	, hereby resign as PRESIDENT	
	(Title)	
of_BRUCE RIENDEAU ELECTR		_,
(Name	e of Corporation)	_
(Document Number, if known)	, a corporation organized under the laws of the State of	
FLORIDA	DO NOV	
Brun	ASSEE, FLORID, (Signature of resigning officer/director)	FILED

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