

LO7354

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

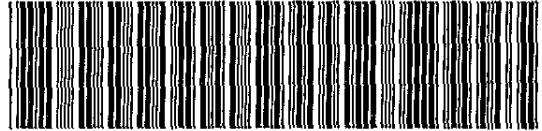
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Victor M. Mendez

14730 SW 43 Way
Miami, Florida 33185

Phone: 305 551 7766

CERTIFIED RETURN RECEIPT #: 7003 1680 0004 0255 848

December 12th, 2003

**Department of State
Division of Corporation fillings
P.O. Box 6327
Tallahassee, Florida 32314**

To: CORPORATE AMENDMENT SECTION

Subject: **RESIGNATION FROM
GALFO CONTRACTORS, CORP.**

DOCUMENT NUMBER: L 07354

I, Victor M. Mendez submit my resignation immediately for the above mentioned corporation and enclosed please find payment for filling fee of \$ 35.00.

Please return correspondence concerning this matter to:

**Victor M. Mendez
14730 SW 43 Way
Miami, Florida 33185**

For further information concerning this matter, please call:

Phone: 305 551 7766

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