## L15752

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(Address)				
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(City/State/Zip/Phone #)				
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## TRANSMITTAL LETTER

	Amendment Section Division of Corporations
SUBJE	47ASTALDI CONSTRUCTION CORPORATION (Name of Corporation)
	(**************************************
	MENT NUMBER: L15752
The end	closed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please i	return all correspondence concerning this matter to the following:
IRA	L. LIBANOFF
	(Name of Person)
FERE	NCIK, LIBANOFF, BRANDT, ET. AL.
-	(Name of Firm/Company)
150 S	OUTH PINE ISLAND ROAD #400
<del></del>	(Address)
PLA	NTATION, FL 33324
	(City/State and Zip Code)
For furt	ther information concerning this matter, please call:
IRA	L. LIBANOFF (Name of Person)  at (954) 474-8080 (Area Code & Daytime Telephone Number)
	(Name of Person) (Area Code & Daytime Telephone Number)
Enclose	ed is a check for \$35.00 made payable to the Florida Department of State.
Amenda Division P.O. Bo	Street Address: ment Section n of Corporations ox 6327 ssee, FL 32314  Street Address: Amendment Section Division of Corporations 2661 Executive Center Circle Tallahassee, FL 32301

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

<sub>ı,</sub> Ira L. Libanoff	, hereby resign as <u></u>	Board Member (Title)
of Astaldi Constructio	on Corporation	
(Name	of Corporation)	
(Document Number, if known)	, a corporation organized under	the laws of the State of
L15752 Floric	<u>la</u>	
	Signature of resigning officer/director)	TILED PILED
		9: 2

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