## L1575Z

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(0.000)
Certified Copies Certificates of Status
Certified dopies
Special Instructions to Filing Officer:

Office Use Only



100338939171

01/18/20--01021--080 \*\*05.00

2020 JAN 13 AM 7: 13
PERSON OF CORPORATION OF CORPO

FEB 1 0 2020

S. YOUNG

## TRANSMITTAL LETTER

**TO:** Amendment Section Division of Corporations

ASTALDI CONSTRUCTION CORPORATION  SUBJECT:			
(Name of Corporation)			
DOCUMENT NUMBER: L15752			
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing			
Please return all correspondence concerning this matter to the following:			
LORIS PARAVANO			
(Name of Person)			
ASTALDI CONSTRUCTION CORPORATION			
(Name of Firm/Company)			
8220 STATE ROAD 84, SUITE 300			
(Address)			
DAVIE, FL 33324			
(City/State and Zip Code)			
For further information concerning this matter, please call:			
LORIS PARAVANO  at ( ) 225-3877  (Name of Person) (Area Code & Daytime Telephone Number)			
(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

LORIS PARAVANO	CEO and Board Member . hereby resign as	
.,	Title)	
ASTALDI CONSTRUCTION CORPO		
(Na	me of Corporation)	
1.15752	, a corporation organized under the laws of the State of	
(Document Number, if known)		
FLORIDA		
	(Signature of resigning officer/director)  (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