M65906

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

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Olo Resignation

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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Cagni Construction Company, Inc.
DOCUMENT NUMBER: M65906
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Diane (Name of Person)
Cagni Construction Company, Inc. (Name of Firm/Company)
144 Devon Drive (Address)
Clearwater FL 33767 (City/State and Zip Code)
For further information concerning this matter, please call:
Name of Person) at (727) 410-6396 (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 2661 Executive Center Circle Tallahassee, FL 32301

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I,	Drane Cagn I , hereby resign as_	Secretary (Title)
of	Cagni Construction Compa	ny Inc.
	(Name of Corporation)	J /
	(Document Number, if known) a corporation organized und	ler the laws of the State of
	Florida	

FILING FEE IS \$35.00

(Signature of resigning officer/director)

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314