M88484

(Re	questor's Name)	· · · · · ·
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
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resignation og ogpicer

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TRANSMITTAL LETTER

Division of Corporations
SUBJECT: B. L. WOODS CONSTRUCTION, INC (Name of Corporation) DOCUMENT NUMBER: NET AVAILABLE TO ME
DOCUMENT NUMBER: NOT AVAILABLE TO ME
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
JOEL CRISPIN PECK (Name of Person)
B. L. WOODS CONSTRUCTION, INC & BEFORE I RESIGNE (Name of Firm/Company)
136 SHER LANE (Address)
DEBARY FL 32713 (City/State and Zip Code)
For further information concerning this matter, please call:
CRISTECK at (407) 432-7280 (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, JOEL CREPIN FECK, hereby resign a SELVELS DENT (Title)

of B. L. Woods Construction, The (Name of Corporation)

i M88484

(Document Number, if known)

FLORIDA

Aignature of resigning officer/director)

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