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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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SLURETARY OF STATE TALLAHASSEE, FLORIDA

FILED



## **COVER LETTER**

Division of Corporations
SUBJECT: CLK Constauction Fnc. (Name of Corporation)  DOCUMENT NUMBER: P0000051567
•
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Ron T Lucien (Name of Person)
CLK Constauction Inc. (Name of Firm/Company)
8608 DOGAL Ct. W. (Address)
Flower Mound, tox 75022 (City/State and Zip Code)
For further information concerning this matter, please call:
Ron J. Lucien at (214) 886-2322 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payable to the Florida Department of State

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

TO:

**Amendment Section** 

OFFICER / DIRECTOR RESIGN FOR A CORPORATION	IATION FILED  07 APR 10 AM 11: 04  FALLAHASSEE, FLORIDA
I, Ron J Lucien, hereby resign as	
of <u>CLK Construction</u> <u>Inc.</u> (Name of Corporation)	,
Poooot/567, a corporation organized un (Document Number, if known)	nder the laws of the State of
Florida.	
(Significant of regioning officer/direct	ntor

## 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