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PICK-UP	☐ WAIT ☐ MAIL					
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Certified Copies Certificates of Status						
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Special Instructions t	o Filing Officer:					
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SECRETARY OF STATE SECRETARY OF STATE ONS

COVER LETTER

Division of Corporations
SUBJECT: TRETEN CONSTRUCTION (Name of Corporation) DOCUMENT NUMBER: POLOGOS 65622
(Name of Corporation)
DOCUMENT NUMBER: FOLOOOB 63622
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
(Name of Person)
Town P. 1220 & Associous Ne. (Name of Firm/Company)
773 So. [NOIDUR AVENCE
ENGLEWOOD FL 342Z3 (City/State and Zip Code)
For further information concerning this matter, please call:
Name of Person) at (Q4/) 475.7617 (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

Amendment Section

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

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I,	STREY LO	<i>) (</i>	ereby resign as	115
				(Title)
of	JUDEN C	WSTRUCTI	w hic.	
01		Name of Corporation)		
L	1000065622	, a corporation	on organized under	the laws of the State of
	(Document Number, if known)	•	J	
(FLORIDA			

(Signature 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