

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		

Office Use Only



900307190269

01/02/18--01031--027 **35.00

JAN () 3 2018

18 JAN -2 PH 4: 12

TRANSMITTAL LETTER

Division of Corporations **SUBJECT: Special Forces Restoration & Construction** (Name of Corporation) DOCUMENT NUMBER: P01000091165 The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Dallas F.Perry (Name of Person) Special Forces Restoration & Construction (Name of Firm/Company) 1943 S.W. Fears Ave. (Address) Port St. Lucie, FL 34953 (City/State and Zip Code) For further information concerning this matter, please call: at (772) 201-4878 (Area Code & Daytime Telephone Number) Dallas F. Perry (Name of Person) Enclosed is a check for \$35.00 made payable to the Florida Department of State. Street Address: **Mailing Address:** Amendment Section Amendment Section **Division of Corporations** Division of Corporations 2661 Executive Center Circle

Tallahassee, FL 32301

P.O. Box 6327

Tallahassee, FL 32314

Amendment Section

TO:

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

, Dallas F.Perry	, hereby resign as (Title)	
	storation & Construction, Inc.	
•	of Corporation)	
P01000091165	_, a corporation organized under the laws of the State of	
(Document Number, if known) Florida	·	
Jalie Jalie	Signature of resigning officer/director)	
	¥ -2 F	

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

FILING FEE IS \$35.00

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