## P01000108140

(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Ви	isiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
<u>.</u>	<u>.</u>	





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SECRETARY OF STATE
TALLAHASSEE, FLORID

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## **COVER LETTER**

TO:	Amendment Section Division of Corporations
SUB	SJECT: Lozada Construction
501	(Name of Corporation)
DO	CUMENT NUMBER: P01000108140
The	enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Plea	se return all correspondence concerning this matter to the following:
Gu	illermo Lozada
	(Name of Person)
Lo	zada Construction
	(Name of Firm/Company)
540	60 SW 115th Avenue
	(Address)
Co	oper City, FL 33330
	(City/State and Zip Code)
For	further information concerning this matter, please call:
Gui	llermo Lozada at ( 954 ) 252-8569 (Name of Person) (Area Code & Daytime Telephone Number)
	(Name of Person) (Area Code & Daytime Telephone Number)
Encl	losed is a check for \$35.00 made payable to the Florida Department of State.
Ame Divi Clift 2661	mailing Address: Endment Section Sion of Corporations On Building Division of Corporations On Building Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I. Cecilia Lozada	, hereby resign as Vice President	
**	(Title)	
of Lozada Construction	<u>.</u>	
(Na	ame of Corporation)	
P01000108140	, a corporation organized under the laws of the State of	
(Document Number, if known)	, a vorpound or <b>g</b>	
Florida		
e	5 P P	
	(Signature of resigning officer/director)	
	(Signature of resigning officer/unector)	
	TALS	
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	SSE	
	FILING FEE IS \$35.00	
	100 S	
Make checks payal	ble to Florida Department of State and mail to	
	<b>35</b> /	

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