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SECRETARY OF STATE DIVISION OF CORPORATIONS

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## **COVER LETTER**

(Name of Corporation)  DOCUMENT NUMBER: Po 2 6000/399.  The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.  Please return all correspondence concerning this matter to the following:    Michael Sohn	SUBJECT: Lopresto Building Contractors Inc (Name of Corporation)			
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.  Please return all correspondence concerning this matter to the following:    Michael Sohn	(Name of Corporation)			
Please return all correspondence concerning this matter to the following:    Michael Sohn     (Name of Person)				
Nichtel Sohn  (Name of Person)  Lopres to Building Controllers, In C  (Name of Fim/Company)  8719 PASEO DE UPHER SIA ST  (Address)  For Myrs Floida 33908  (City/State and Zip Code)  For further information concerning this matter, please call:	The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.			
(Name of Ferson)  Lopres to Build' and Controllars, In C  (Name of Firm/Company)  8719 PASEO DE UHIER & A  (Address)  Fort Myrs Florida 33908  (City/State and Zip Code)  For further information concerning this matter, please call:	•			
(Name of Ferson)  Lopres to Build' and Controllars, In C  (Name of Firm/Company)  8719 PASEO DE UHIER & A  (Address)  Fort Myrs Florida 33908  (City/State and Zip Code)  For further information concerning this matter, please call:	Michael Sohn			
8719 PASEO DE VAIEN S'A SF  (Address)  For F MY 15 F 101: UN 33908  (City/State and Zip Code)  For further information concerning this matter, please call:	(Name of Person)			
8719 PASEO DE VAIEN S'A SF  (Address)  For F MY 15 F 101: UN 33908  (City/State and Zip Code)  For further information concerning this matter, please call:	Lopresto Building Contractors, Inc			
For further information concerning this matter, please call:	(Name of Firm/Company)			
For further information concerning this matter, please call:	8719 PASEO DE VALON SIA ST			
For further information concerning this matter, please call:				
	Fort Myrrs Florian 3390 8 (City/State and Zip Code)			
Michkel Soffn at (239) 223-0225 (Area Code & Daytime Telephone Number)				
	Michael Softn at (239) 223-0225 (Area Code & Daytime Telephone Number)			

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

Amendment Section Division of Corporations

TO:

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

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

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

J.	_
, Michael Sohn	, hereby resign as ViCE President
of Lopresto B	vilding Contractors, Inc
	corporation organized under the laws of the State of
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 00 MAR 17 PM 1: 00

SECRETARY OF STATE OF CORPORATIONS