

PO2000013999

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 MAR 17 PM 1:00

OD/Res
@ 3/18/08

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Lopresto Building Contractors, Inc.
(Name of Corporation)

DOCUMENT NUMBER: PO 2 00001399.

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 Person)

Lopresto Building Contractors, Inc
(Name of Firm/Company)

8719 PASEO DE VALENCIA ST
(Address)

Fort Myers Florida 33908
(City/State and Zip Code)

For further information concerning this matter, please call:

Michael Sohn at (239) 223-0225
(Name of Person) (Area Code & Daytime Telephone Number)

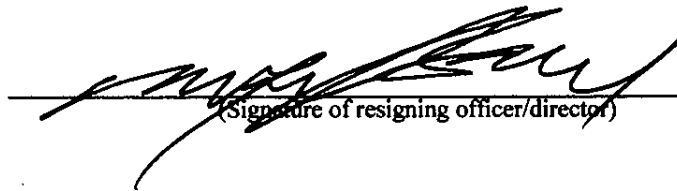
Enclosed is a check for \$35.00 made payable to the Florida Department of State.

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

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Michael J. Sohn, hereby resign as VICE President,
(Title)
of Lopresto Building Contractors, Inc.
(Name of Corporation)
PO2000013999, a corporation organized under the laws of the State of
(Document Number, if known)
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

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