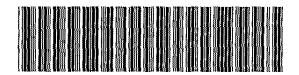
## Poa000000 789

| (Requestor's Name)                      |  |  |
|---|--|--|
| (Address)                               |  |  |
| (Address)                               |  |  |
| (City/State/Zip/Phone #)                |  |  |
| PICK-UP WAIT MAIL                       |  |  |
| (Business Entity Name)                  |  |  |
| (Document Number)                       |  |  |
| Certified Copies Certificates of Status |  |  |
| Special Instructions to Filing Officer: |  |  |
|   |  |  |
|   |  |  |
|   |  |  |

Office Use Only



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05/04/04--01062--019 \*\*35.00



## TRANSMITTAL LETTER

| TO:                      | Amendment Section Division of Corporations   |
|--------------------------|--|
| SUBJ                     | UMENT NUMBER: PO2000020789   |
| DOC                      | UMENT NUMBER: 102000 20189   |
| The e                    | nclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.   |
| Please                   | e return all correspondence concerning this matter to the following:   |
|                          | Bruce 5. F. la  (Name of Person)   |
|                          | Hulman Contracting (Name of Firm/Company)  |
|                          | 2280 SW TOth Ave Swel-2  |
|                          | Davie, £1 33317 (City/State and Zip Code)  |
| For fi                   | orther information concerning this matter, please call:  |
|                          | Bruce fula at (954) 325-8595 (Area Code & Daytime Telephone Number)  |
| Enclo                    | sed is a check for \$35.00 made payable to the Florida Department of State.  |
| Amen<br>Divisi<br>P.O. I | ng Address: Independent Section Independent Se |

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

| I, Bruce Fila, hereby resign as Pres   | crident .             |
|--|-----------------------|
| of Hillman Contracting (Name of Corporation)   | · · ·                 |
| Podeo 2019 , a corporation organized under the laws of a (Document Number, if known) | the State of          |
| Florida  | recover of the second |
| (Signature of resigning officer/director)  | OL HAY I              |
| FILING FEE IS \$35.00  | O AMO. O              |

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

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