

P030000006794

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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MAIL

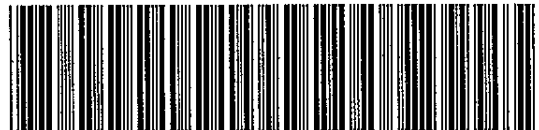
(Business Entity Name)

(Document Number)

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FILED  
2005 OCT 17 PM 4:46  
TALLAHASSEE FLORIDA

10/20/05

**COVER LETTER**

**FILED**  
2005 OCT 17 PM 4:46  
DEPARTMENT OF STATE  
TALLAHASSEE FLORIDA

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** CADE CONSTRUCTION, INC.

(Name of Corporation)

**DOCUMENT NUMBER:** P03000006794

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 D. ROBBINS

(Name of Person)

CADE CONSTRUCTION, INC.

(Name of Firm/Company)

920 FLEMING STREET

(Address)

GREEN COVE SPRINGS, FLORIDA 32043

(City/State and Zip Code)

For further information concerning this matter, please call:

MICHAEL D. ROBBINS

(Name of Person)

at ( 904 ) 284-7609

(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**

**FILED**

2005 OCT 17 PM 4:46

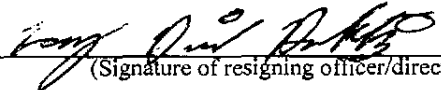
DEPT. OF STATE  
TALLAHASSEE FLORIDA

I, LARRY DAVID ROBBINS, hereby resign as TREASURER  
(Title)

of CADE CONSTRUCTION, INC.  
(Name of Corporation)

P03000006794, 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