P03000021088

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL *
(Bu	ısiness Entity Nam	e)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
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Off/Dir Resign

UAN 3 0 2014 T. CARTER

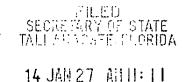
TRANSMITTAL LETTER

SUBJECT: JAMIE WHALEN CONSTRUCTION, INC
(Name of Corporation) DOCUMENT NUMBER: P03000021088
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
SHARON WHALEN
(Name of Person)
(Name of Firm/Company)
3395 WRY RD
(Address)
LAKE WORTH, FL 33467
(City/State and Zip Code)
For further information concerning this matter, please call:
SHARON WHALEN (Name of Person) at (561) 386-3068 (Area Code & Daytime Telephone Number)
(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payable to the Florida Department of State.
Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 63272661 Executive Center CircleTallahassee, FL 32314Tallahassee, FL 32301

Amendment Section Division of Corporations

TO:

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION



SHARON WHALE	VICE PRESIDENT & DIRECTOR , hereby resign as	
	(Title)	
	CONSTRUCTION, INC.	
·	e of Corporation)	
P03000021088	, a corporation organized under the laws of the State of	
(Document Number, if known)		
FLORIDA		

Storer Wholen 1/22/14
(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