)30/100/04452

(Reque	estor's Name)	
(Address)		
(Addre	ss)	
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PICK-UP	WAIT	MAIL
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TRANSMITTAL LETTER

ALLAHASSEE, FLORIDA

TO: Amendment Section Division of Corporations

SUBJECT: S.A.L CONTRACTING SVERVICES, INC.
(Name of Corporation)
DOCUMENT NUMBER: P03000064452
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
DAVID OLIVENCIA
(Name of Person)
CENTRAL FLORIDA FINANCIAL SVC LLC
(Name of Firm/Company)
1119 BARBADOS AVE
(Address)
ORLANDO, FL 32825
(City/State and Zip Code)
For further information concerning this matter, please call:
DAVID OLIVENCIA at (407) 207-5509 (Name of Person) (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 6327409 E. Gaines StreetTallahassee, FL 32314Tallahassee, FL 32399

OFFICER / DIRECTOR RESIGNATION PA 4: 45 FOR A CORPORATION

, ANGEL R HERNANDEZ	, hereby resign as_	VICE PRESIDENT & TREA
		(Title)
of S.A.L CONTRACTING SVERVICES	, INC.	
(Name of Corp.	oration)	
P0300064452, a co	rporation organized un	der the laws of the State of
FLORIDA		
	. 0	
- Copa Co	Quand	
/Stonatule	of resigning officer/direct	or)

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

