P03000086097

(Re	equestor's Name)	
. (Ac	ldress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phone #	r)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Name	· ·
(Do	ocument Number)	: ;
Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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SECRETARY OF STATE

off. Resign.

TB

AUG 1 8 2009

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: M.R. Lowe General Contracting In C Con
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
(Name of Person)
M.R. Lowe General Contracting Inc (Name of Firm/Company)
10812 60th Ave
Seminole A 33772 (City/State and Zip Code)
For further information concerning this matter, please call:
Viate / OUR = 127 399 8703

(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

(Name of Person)

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327 Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

CONSTRAIN AND LES icki L Lowe, hereby resign as 0086097, a corporation organized under the laws of the State of

(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