## P03000102675

| (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: |
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Office Use Only



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SECRETARY OF SIGN

OFF. Resign

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## TRANSMITTAL LETTER

Amendment Section Division of Corporations

TO:

| SUBJECT: BULLDOG CONTRACTORS MANAGEMENT INC (Name of Corporation)  |
|--|
| DOCUMENT NUMBER: P03000102675  |
| 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 DURLAND  |
| (Name of Person)   |
| WALDEN LAKE BUSINESS SERVICES INC  |
| (Name of Firm/Company)   |
| 4314 BARRET AVE  |
| (Address)  |
| PLANT CITY, FLORIDA 33566  |
| (City/State and Zip Code)  |
| For further information concerning this matter, please call:   |
| DAVID DURLAND  at ( 813 ) 752-3070  (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: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314  Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399 |

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

| I, DAVID DURLAND                         | hereby resign as DIRECTOR   |
|--|---|
| · · · · · · · · · · · · · · · · · · ·    | (Title)   |
| of_BULLDOG CONTRACTORS                   |   |
| (Nam                                     | e of Corporation)   |
| P03000102675 (Document Number, if known) | , a corporation organized under the laws of the State of                                      |
| FLORIDA                                  | ·   |
|  | Of DEC 29 PM 2: 30 SECRETARY OF 3:3416 Mignature of Testering Officer/director)  FILED  FILED |

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