P03000118627

(R	equestor's Name)	
(A	ddress)	
——————————————————————————————————————	ddress)	
(0	ity/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Name)	
(C	Ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	o Filing Officer:	





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TRANSMITTAL LETTER

Amendment Section Division of Corporations

TO:

MINNICK CONSTRUCTION< II SUBJECT:	NC.	
(Name of Corporation)		
DOCUMENT NUMBER: P03000118627		
The enclosed Officer/Director Resignation	for a Corporation and fee are submitted for filing	
Please return all correspondence concernir	ng this matter to the following:	
TOM MINNICK		
(Name of Person)		
MINNICK CONSRUCTION, INC.		
(Name of Firm/Company))	
2260 KENILWORTH AVE.		
(Address)		
SOUTH DAYTONA, FL 32119		
(City/State and Zip Code)		
For further information concerning this ma	atter, please call:	
TOM MINNICK	at () 527-5420 (Area Code & Daytime Telephone Number)	
(Name of Person)	(Area Code & Daytime Telephone Number)	
Enclosed is a check for \$35.00 made payal	ble to the Florida Department of State.	
Mailing Address:	Street Address:	
Amendment Section	Amendment Section	
Division of Corporations	Division of Corporations	
P.O. Box 6327	The Centre of Tallahassee	
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

STEVE D. GRAHAM	SECRETARY , hereby resign as
···	(Title)
MINNICK CONSTRUCTIO	N, INC.
	(Name of Corporation)
P03000118627	, a corporation organized under the laws of the State of William (1997), a corporation organized under the laws of the State of William (1997), and the state of
(Document Number, if kno	(ITWI)
FLORIDA	71 9- 1
	* 2
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()	(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