(Re	equestor's Name)			
(Ad	ldress)			
(Address)				
(City/State/Zip/Phone #)				
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(Document Number)				
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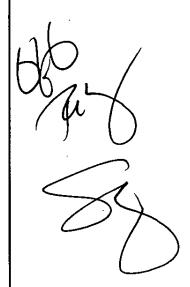


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SECRETARY OF STATE

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

SUBJECT: BIJAN CO	ONSTRUCTION, INC.		
(Name of Corporation)			
DOCUMENT NUMBER: P03	3000120643		
The enclosed Officer/Director Resig	enation for a Corporation and fee are submitted for filing.		
Please return all correspondence cor	ncerning this matter to the following:		
STEPHEN M. STONE, ESQUIR	RE		
(Name of Perso	on)		
LAW OFFICES OF STEPHEN	M. STONE		
(Name of Firm/Company)			
725 NORTH MAGNOLIA AVEN	UE		
(Address)			
ORLANDO, FLORIDA 32803			
(City/State and Zip	Code)		
For further information concerning this matter, please call:			
Stephen M. Stone, Esquire	at ( 407 ) 423-7910	** **	
(Name of Person)	at ( 407 ) 423-7910 (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	Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314		

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I. BIJAN SHADPOUR	hereby resign as President/Director	esident/Director	
·,	(Title)		
Oi	NSTRUCTION, INC.		
	Name of Corporation)		
P03000120643	& corporation organized finder the laws of the state of		
(Document Number, if known)	<b>,                                </b>		
FLORIDA	·		
	_	7	
#	In Shado an-	2000 HAR 10	
	(Signature of resigning officer/director)	Q E	
		8: 20 STATE	

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