P03000130438

(Requ	uestor's Name)	
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(Addr	ess)	
(Addr	ess)	
(City/	State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Due)	naa Fakitu Nas	
(Busi	ness Entity Nar	ne)
(Doci	ıment Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fi	ling Officer:	
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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Simpson Construction Company (Name of Corporation)
DOCUMENT NUMBER: P 03000 130 438
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Sean L. Simpson (Name of Person)
Simpson Construction Co. (Name of Firm/Company)
6427 ISt Palm Pt. (Address)
St Pete Beach, FL 33706 (City/State and Zip Code)
For further information concerning this matter, please call:
Chery 1 Simpson at (121) 368-9428 (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 Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, Sean L. Simpson, hereby resign as Assistant Vice Pres	•
of Simpson Construction Company, (Name of Corporation)	
P03000130438, a corporation organized under the laws of the State of (Document Number, if known)	
Florida.	•
(Signature of resigning officer/director)	、つ

Make checks payable to Florida Department of State and mail to:

FILING FEE IS \$35.00

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314