## P03000131619

(Requestor's f	Name)
(Address)	
(Address)	
(City/State/Zip	/Phone #)
PICK-UP W	AIT MAIL
(Business Ent	ity Name)
(Document Number)	
Certified Copies Cert	ificates of Status
Special Instructions to Filing Office	er:
\\.	-1121121

Office Use Only



500359579065

93 NG 721--019274-912 \*\*29.88

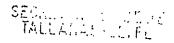
04/25/21--01034--021 \*\*10.00

WIN APR 21 PH 1: 20
SEGELL STOCKES FATE

QS H1/30/21 Division of Corporations

RESERVED.

2021 APR 21 AM 9:44



March 30, 2021

KALVIN SWITZER 7318 23RD ST ZEPHYRHILLS, FL 33540

SUBJECT: JEFF DIXON CONSTRUCTION, INC.

Ref. Number: P03000131619

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$10.00. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

The form you submitted is for a LIMITED LIABILITY COMPANY, but your entity is a PROFIT CORPORATION. Please complete and return the enclosed blank form(s). All pages must be returned in order to file the document. The fee to file Officer/Director Resignation is \$35.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Querida R Moore Regulatory Specialist II

Letter Number: 021A00006657

. , - .

## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Deff Diyon Construction Inc.  (Name of Corporation)  DOCUMENT NUMBER: PO300015/619
DOCUMENT NUMBER: PO 300015/6/19
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Kalvin Switzer (Name of Person)
Jeff Dixon Construction (Name of Firm/Company)
7318 231 St (Address)
City/State and Zip Code)
For further information concerning this matter, please call:
$\frac{K_{4}/v_{1}n}{Sw_{4}t_{2.97}} = at \frac{S13}{(Area Code & Daytime Telephone Number)}$
Enclosed is a check for \$35.00 made payable to the Florida Department of State.
Mailing Address: Amendment Section  Street Address: Amendment Section

Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

**Division of Corporations** 

Tallahassee, FL 32314

P.O. Box 6327

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION



2021 APR 21 PH 1: 20

ſ	SECRETARY OF STATE TALLARD SSEE, AL  Vice President (Title)
of_	Jeff Dixon (6nstruction, Fnc. (Name of Corporation)
	PO3000/3/6/9 a corporation organized under the laws of the State of (Document Number, if known)
	Floride
	/(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