

PD3000132008

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ WAIT

☐ MAIL

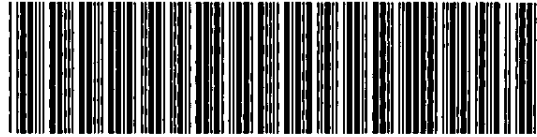
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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38

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: FRANK CROFT MASONRY, INC
(Name of Corporation)

DOCUMENT NUMBER: P03000132008

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

FRANK CROFT
(Name of Person)

FRANK CROFT MASONRY, INC
(Name of Firm/Company)

141 SW BRIM ST
(Address)

LAKE CITY, FL 32024
(City/State and Zip Code)

For further information concerning this matter, please call:

FRANK CROFT at (386) 755-5783
(Name of Person) (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, MARIA LYCE CROFT, hereby resign as S/T (Title)

of FRANK CROFT MASONRY,
(Name of Corporation)

PD3000132008, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA.

Maria Lyce Croft
(Signature of resigning officer/director)

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail

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

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