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PICK-UP	☐ WAIT	MAIL			
. (Business Entity Name)					
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Special Instructions to F	iling Officer.				

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Office Use Only



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SECRETARY OF STATE

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## **COVER LETTER**

TO: Amendment Section Division of Corporations				
SUBJECT: R.A. STRYKER BUILDER INC (Name of Corporation)  DOCUMENT NUMBER: PO3000132336				
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing				
Please return all correspondence concerning this matter to the following:				
Richard A. STRYKER (Name of Person)				
RIA STRYKER BUILDER FUL (Name of Firm/Company)				
OB31 CHSEN OKIUE (Address)				
NEW PORT RUHOY F1 34654 (City/State and Zip Code)				
For further information concerning this matter, please call:				
RICHARD A STLYKEN at (727) 808-2877 (Name of Person) at (727) Rose-2877 (Area Code & Daytime Telephone Number)				
Enclosed is a check for \$35.00 made payable to the Florida Department of State.				

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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## FILED

## OFFICER / DIRECTOR RESIGNATION 06 0CT -5 PM 3: 31

TALLAHASSEE. FLORIDA

I, KRISTOPHER	STRYKER	, hereby resign	as Vice	PKESIDENT
				(Title)
of <u> </u>	Name of Corpor	ation)	اد	
Po 3000 132 3 (Document Number, if	known)	poration organized	d under the law	s of the State of
Florida				
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FILING FEE IS \$35.00

(Signature of resigning officer/director)

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

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