P03000151813

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(Document Number)						
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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Brian Legate Contractor Inc. (Name of Corporation)

DOCUMENT NUMBER: P03000151813

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

Please return all correspondence concerning this matter to the following:

Brian Legate
(Name of Person)

Brian Legate Contractor, Inc.
(Name offirm/Company)

5901 40 AVE N. (Address)

Sto Petersburg, FL 33709 (City/State and Zip Code)

For further information concerning this matter, please call:

Orian Legate at (727) 343-8126

(Name of Person) at (727) 343-8126

(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 P.O. Box 6327 Tallahassee, FL 32314 Street Address:

Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, _	William	Kelly	, hereby resign as_	Secra	tary
_		,	-		(Title) /
of_	Brian	Legate (Name of Corpora	contr.	actor,	Inc.
P	0300013 (Document Number,	5/8/3 , a corp if known)	oration organized un	der the laws of	the State of
	Florida	·			

(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