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M/Di Resign

COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: Monda Certified Contractors, Inc. (Name of Corporation)
DOCUMENT NUMBER: <u>P03000 151863</u>
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Marience C. Pinera. (Name of Person)
Moriaa Certified Contractors, Inc. (Name of Firm/Company)
10120 Grove Lane (Address)
Copper City FL 33328 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (954) 776-8115 (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

CR2E044(08/05)

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

FOR A CORPORATION FILED FOR A CORPORATION FILED FALLAHASSTOF ST	
MCVION (Diner hereby resign as PUS MATE	
I, Marienc C. Pinera, hereby resign as President (Title)	
of Honda Certities Contractors, Fnc. (Name of Corporation)	
, a corporation organized under the laws of the State of (Document Number, if known)	
Horida.	

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