

PO3D00154D65

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

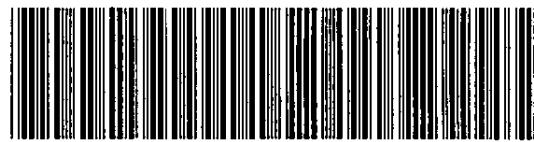
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: LDL General Contractors Inc.
(Name of Corporation)

DOCUMENT NUMBER: PO3000154065

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

Please return all correspondence concerning this matter to the following:

Corinne Lichtigfeld
(Name of Person)

LDL General Contractors
(Name of Firm/Company)

31714 Wekiva River Rd
(Address)

Sorrento FL 32476
(City/State and Zip Code)

For further information concerning this matter, please call:

Corinne Lichtigfeld at (352) 385-1861
(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

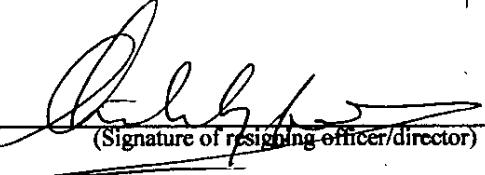
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Corinne Lichtigfeld, hereby resign as Director (Title)

of LDL General Contractors Inc.,
(Name of Corporation)

PO3000154065, a corporation organized under the laws of the State of
(Document Number, if known)

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

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