P04000005243

- (Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



300077975973

07/27/06--01007--020 **35.00

06 JUL 27 PM 4: 33

OID Res,

COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: Mace Construction Co
SUBJECT: Mace Construction Co (Name of Corporation) DOCUMENT NUMBER: PO 400005243
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Charles F Mace (Name of Person)
Mace Construction Co (Name of Firm/Company)
13700 SITTON PURK ON A417 (Address)
Jax F1 32224 (City/State and Zip Code)
For further information concerning this matter, please call:
Charles F Mace at (904) 223 0499 (Name of Person) (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

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I,	Erik	Kada	n	_, hereby resign as	UP	(Title)	
of	Mace	Con (Name o	5+10 of Corporati	uction on)	Con	npany	_,
Po	Document Number,	243		ration organized u			
<u> </u>	lorida		<u>.</u>			7.0 8	
					,	JUL 21	
		(S	gnature of	resigning officer/dire	ctor)	SSEE, FI	
		•			·	RAIS	3 3

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