| (Re                                     | questor's Name)   |           |
|---|-------------------|-----------|
| (Ad                                     | dress)            |           |
| (Ad                                     | dress)            |           |
| (Cit                                    | y/State/Zip/Phone | e #)      |
| PICK-UP                                 | ☐ WAIT            | MAIL.     |
| (Business Entity Name)                  |                   |           |
| (Do                                     | cument Number)    |           |
| Certified Copies                        | _ Certificates    | of Status |
| Special Instructions to Filing Officer: |                   |           |
|   |                   |           |
|   |                   |           |
|   |                   |           |

Office Use Only



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5/4/15

## TRANSMITTAL LETTER

HOOD MASONRY INC (Name of Corporation) DOCUMENT NUMBER: P04000027786 The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following: NELLE NEMCEK (Name of Person) **EKAHI INC** (Name of Firm/Company) P O BOX 112 (Address) VERNON, FL 32462 (City/State and Zip Code) For further information concerning this matter, please call: NELLE NEMECEK (Area Code & Daytime Telephone Number) (Name of Person) Enclosed is a check for \$35.00 made payable to the Florida Department of State.

**Mailing Address:** 

TO:

Amendment Section Division of Corporations

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 **Street Address:** 

Amendment Section
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

| FOR                         | R A CORPORATION  | FILED  |
|-----------------------------|--|--|
| •                           |  | APR 30 PM L: Z4  |
|                             |  | FILED  2018 APR 30 PH L. 24  2018 APR 30 PH L. 24  ESIDENT |
| TERRY HOOD                  | , hereby resign as PR                                    | ESIDENT  |
|                             | · · · · · · · · · · · · · · · · · · ·                    | (Title)  |
| $_{ m of}$ HOOD MASONRY I   | NC   |  |
| (Name o                     | of Corporation)  |  |
| P04000027786                | , 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