, (Re	equestor's Name)	
(Ad	ldress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne) _.
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		
		-
		· .

1 4 A 1





300190078113

01/10/11--01062--015 **35.00



ab Res OPG/18/10

COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: BUCK, CONSTANTINESCU AND ASSOCIATES, INC. (Name of Corporation)
DOCUMENT NUMBER: P04000081496
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filin
Please return all correspondence concerning this matter to the following:
FLORIN CONSTANTINESCU, P.E.
(Name of Person)
(Name of Firm/Company)
346 COUNTRY CLUB DRIVE
(Address)
JUPITER, FLORIDA 33469
(City/State and Zip Code)
For further information concerning this matter, please call:
FLORIN CONSTANTINESCU at (561) 277-9687
FLORIN CONSTANTINESCU at (561) 277-9687 (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, FLORIN CONSTANTINESCU	
	(Title)
of_BUCK, CONSTANTINESCU	AND ASSOCIATES, INC.
	e of Corporation)
(Document Number, if known)	, a corporation organized under the laws of the State of
FLORIDA	
	L late
•	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