

PO40000 82724

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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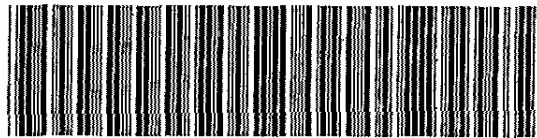
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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## TRANSMITTAL LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: TRADEWINDS CONTRACTING, INC.  
(Name of Corporation)

DOCUMENT NUMBER: P04000082724

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

Please return all correspondence concerning this matter to the following:

L. Paul Sirmans, P.A. (Incorporator)  
(Name of Person)

L. PAUL SIRMANS, P.A.  
(Name of Firm/Company)

P.O. Box 1804  
(Address)

Destin, FL 32540  
(City/State and Zip Code)

For further information concerning this matter, please call:

Paul Sirmans at ( 850 ) 837-5422  
(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  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, GILES DIXON, hereby resign as President  
(Title)

of TRADEWINDS CONTRACTING, INC.,  
(Name of Corporation)

P04000082724, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA.

X [Signature]  
(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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