P04000118937

(Re	questor's Name)				
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Do	cument Number)	I			
Certified Copies Certificates of Status					
Special Instructions to	Filing Officer				
Special instructions to	Tilling Officer.				

Office Use Only



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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations				
SUBJECT: DIES CONS	STRUCTION INC.			
(Name of Corporation)				
DOCUMENT NUMBER:	P04000118937			
The enclosed Officer/Director Resignat	tion for a Corporation and fee are submitted for filing			
Please return all correspondence concer	rning this matter to the following:			
LUIS A BLANCO				
(Name of Person)				
BLANCO PROFESSIONAL SERV				
(Name of Firm/Compa	any)			
385 E MAIN STREET				
(Address)				
APOPKA, FLORIĐA				
(City/State and Zip Co	ode)			
For further information concerning this	s matter, please call:			
LUIS A BLANCO	at (407) 880-4829 (Area Code & Daytime Telephone Number)			
(Name of Person)	(Area Code & Daytime Telephone Number)			
Enclosed is a check for \$35.00 made pa	ayable to the Florida Department of State.			
Amendment Section A Division of Corporations P.O. Box 6327 A A A A A A A A A A A A A A A A A A	treet Address: Amendment Section Division of Corporations 09 E. Gaines Street Callahassee, FL 32399			

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I. MIGUEL MUNOZ	•	, hereby resign as DIRI	ECTOR	
7			(Title)	
of_DIES CONSTRU				
	(Name of Corpora	ation)		
P04000118937	, a com	oration organized under th	ne laws of the State o	v t
(Document Number	, if known)	oramon or Parintog androi m	io mas of mic prate o	
FLORIDA	Λ.		ALLA	FILED MID: 06 DU OCT 22 MID: 06 SECREPTIONS SEE, FLORI
	19UEC / (Signature of	Mo No S of resigning officer/director)		OS O

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