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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Office Resign Crin Murphy 12/18/07

COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: Skyline Construction
Skyline Contraction Name of Corporation) DOCUMENT NUMBER: POY 006 127460
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Name of Person)
(Name of Person) SMYINC (Name of Firm/Company)
4713 w Oakello-Aue (Address)
Tonge, FL 33611 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (813) 695.2910 (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

1, Vical Dawson, hereby resign as Via Preside	tle)		_
of Skylne (Onshort On Corp. (Name of Corporation)		!	,
(Document Number, if known), a corporation organized under the laws of the	State of	î	
Florida			
(Signature of resigning officer/director)			
	TALLAH	O7 DEC	· n
FILING FEE IS \$35.00	TARY OF S	17 PM	
Make checks payable to Florida Department of State and mail to:	F STAFE FLORIDA	2:40	O -

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314