P04000/68720

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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TORETARY OF STATE



BARRACUDA CONSTRUCTION, INC.

All Phases of Construction – Satisfaction Guaranteed Serving Central Florida Since 1992

700 Wintergreen Ave. Office: 321-956-3333 Malabar, FL. 32950 Fax: 321-676-0900

Barracudaconstruction@hotmail.com Cell: 321-750-8349

I am Donald R. Marinacci, I am the president of Baracuda Construction, Inc. I am send you a change of mailing address, phone and fax number, they are as followes:

Baracuda Construction, Inc. 700 Wintergreen Ave. Malabar, Florida 32950

321-956-3333 (office) 321-676-0900 (fax)

FEI # 522451167 Document # PO4000168720

Thank you,

Donald R. Marinacci

President

01-27-2007

COVER LETTER

SUBJECT: BARACUCH CONSTRUCTION INC. (Name of Corporation)
DOCUMENT NUMBER: <u>P04000168720</u>
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
DONALD R. MARINACCI (Name of Person)
BARACUDA CONSTRUCTION, INC. (Name of Firm/Company)
700 Wintergreen Ave. (Address)
MAJAHAR Florida 32950 (City/State and Zip Code)
For further information concerning this matter, please call:
DOWAH R. MARWACCi at (301) 956.3333 (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
Post Office Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

TO:

Amendment Section Division of Corporations

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, David MAIORANO, hereby resign as Officer (Title)	
of BARACUCA COnstruction INC. (Name of Corporation)	
P040018730 a corporation organized under the laws of the State (Document Number, if known)	of
<u>Florida</u>	O7 FEB
HASSEE, FLORI	FILED FILED
(Signature of resigning officer/director)	7 0

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