## PD500007193

*		
(R	equestor's Name)	<u> </u>
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Nam	ne)
(D	ocument Number)	
Certified Copies	Certificates	of Status
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## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: CAL CONSTRUCTION, INC. (Name of Corporation)
DOCUMENT NUMBER: POSOODOO7193
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Robin D. Simons (Name of Person)
CAAL Construction, Inc. (Name of Firm/Company)
727 Arrow St. (Address)
Panama City, FZ 32403 (City/State and Zip Code)
For further information concerning this matter, please call:
Robin Simons at (850) 258-4616 (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

TO:

## OFFICER / DIRECTOR RESIGNATION SECRETARY OF STATE FOR A CORPORATION

06 APR 21 PM 3: 46

I, Robin Simons , hereby resign as_	Sec. / Treas.
of CAL Construction, Inc. (Name of Corporation)	(Tine)
DO500007193 a corporation organized un (Document Number, if known)	der the laws of the State of
Florida.	٠

## 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