

POS 000052904

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

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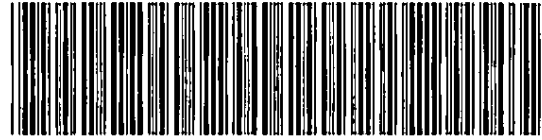
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(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** CONSTRUEMAX CORP  
\_\_\_\_\_  
(Name of Corporation)

**DOCUMENT NUMBER:** P05000052904  
\_\_\_\_\_

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

Please return all correspondence concerning this matter to the following:

EDSON BRITO II

\_\_\_\_\_  
(Name of Person)

CONSTRUEMAX CORP

\_\_\_\_\_  
(Name of Firm/Company)

325 N ORANGE BLOSSOM TRAIL

\_\_\_\_\_  
(Address)

ORLANDO, FL 32805

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

EDSON BRITO II

\_\_\_\_\_  
(Name of Person)

at ( 407 472-1805 )  
\_\_\_\_\_  
(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:**

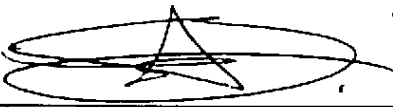
Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, EDSON BRITO III, hereby resign as DIRECTOR PRESIDENT  
(Title)

of CONSTRUEMAX CORP  
(Name of Corporation)

P05000052904, a corporation organized under the laws of the State of  
(Document Number, if known)  
FLORIDA

  
(Signature of resigning officer/director) 01/09/2024

**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