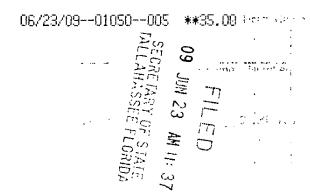
P66000087767

(Re	equestor's Name)
(Ad	idress)	
(Ad	ldress)	
(Cil	ty/State/Zip/Phor	ne #)
PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO:	Amendment Section Division of Corporations
SUB	SJECT: Masimo Construction, Inc.
	(Name of Corporation)
DOC	CUMENT NUMBER: P05000087767
The	enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Pleas	se return all correspondence concerning this matter to the following:
Pol	llack, Erika N.
	(Name of Person)
Ma	simo Construction, Inc.
	(Name of Firm/Company)
723	35 NW 19 COURT
	(Address)
PE	MBROKE PINES FL 33024 US
	(City/State and Zip Code)
For f	further information concerning this matter, please call:
Bra	d Pollack at (954) 701-7425 (Name of Person) (Area Code & Daytime Telephone Number)
	(Name of Person) (Area Code & Daytime Telephone Number)
Encl	osed is a check for \$35.00 made payable to the Florida Department of State.
Ame Divi: Clift 2661	et Address: Indiment Section Sion of Corporations On Building Executive Center Circle Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

TO:

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I. Erika N. Pollack	, hereby resign as S/T		
	(Title)		
of MASIMO CONSTRUCT	ION, INC.		
	(Name of Corporation)		
P05000087767 (Document Number, if known	, a corporation organized under the laws of the State of		
Florida	 •		
<u>En</u>	(Signature of resigning officer/director) ACCRETARY A		
	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

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