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COVER LETTER

SUBJECT: D.M. Conque Contracting Inc. (Name of Corporation)
DOCUMENT NUMBER: POLOCOOO8144
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Shannon L Gilmer (Name of Person)
OM Conges Contracting Inc. (Name of Firm/Company)
One San Gose Place, Ste 15
Gacksonville 7 32257 (City/State and Zip Code)
For further information concerning this matter, please call:
Shanner L G. I mer at (904) 854-6080 (Name of Person) (Area Code & Daytime Telephone Number)
(Hou code & Daytine Pelephone Hamoer)

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

Amendment Section Division of Corporations

TO:

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

of D.M. Conges Contracting for.

Polococo 8144

(Document Number, if known)

OFFICER / DIRECTOR RESIGNATION

FOR A CORPORATION

ARECTAL AUG TO A CORPORATION

ARECTAL AUG TO A CORPORATION

The Aug To A Corporation of the State of Cooperation organized under the laws of the State of Cooperation organized under the C

FILING FEE IS \$35.00

(Signature of resigning officer/director)

Make checks payable to Florida Department of State and mail to:

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