

PO60000012528

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

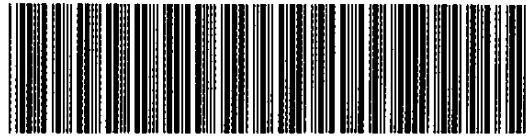
(Business Entity Name)

(Document Number)

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Dr. Liu

T. Roberts JUL 07 2006

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06 JUN 30 PM 12:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ALL Phases of Contracting, Inc.
(Name of Corporation)

DOCUMENT NUMBER: PO60000 12528

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

Please return all correspondence concerning this matter to the following:

Madelene Perez
(Name of Person)

ALL Phases of Contracting Inc
(Name of Firm/Company)

5887 Timber Valley Drive
(Address)

Lake Worth, FL 33443
(City/State and Zip Code)

For further information concerning this matter, please call:

Madeleine at (561) 846-1832
(Name of Person) (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

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Madelene Perez, hereby resign as Board of Directors
(Title)

of ALL PHASES OF CONTRACTING, INC.
(Name of Corporation)

1060000 12528, a corporation organized under the laws of the State of
(Document Number, if known)

Florida

[Signature]
(Signature of resigning officer/director)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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