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(Requestor's Name)						
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(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL	_					
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(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
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Off Resign

09/12/07--01009--002 **35.00

FILED
2007 SEP 12 AM 8: 28
SECRETARY OF STATE

Office Use Only

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

FILED
2007 SEP 12 AM 8: 28
SECRETARY OF STATE
TALLAHASSEE. FLORIDA

I,(Thristian	Carcia	, hereby resign as_	Prosident.
		_		(Title)
of	Algar	Constr (Name of Corp	veton, (Ne	
001	60000334	1		der the laws of the State of
	Oocument Number, if		orporation organized un	der the laws of the State of
	tweeds	•		
		Ch	All .	
		(Signatui	re of resigning officer/direc	tor)

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