## P060000089932

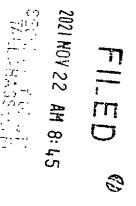
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special instructions to mining Officer.

Office Use Only



700376300617

11/22/21~-01005--008 \*\*85.00



C. BRUMBLEY
DEC 13 2021

## **COVER LETTER**

Amendment Section Division of Corporations

TO:

EE CONSTRU	CTION & DENOVATIONS INC
SUBJECT: EE CONSTRU	CTION & RENOVATIONS, INC. (Name of Corporation)
DOCUMENT NUMBER:	P06000089932
The enclosed Officer/Director	Resignation for a Corporation and fee are submitted for filing
Please return all corresponden	ce concerning this matter to the following:
OSCAR M. PALMA	
(Name o	f Person)
NONE	
(Name of Fi	rm/Company)
2135 NW 8 AVENUE	
(Add	lress)
MIAMI, FL 33127	
(City/State a	nd Zip Code)
For further information concer	ning this matter, please call:
	at (
(Name of Person	at () (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. OSCAR M. PALMA	, hereby resign as OFFICEF	on as OFFICER		
		(Title)		
of_EE CONSTRUCTION & RE	ENOVATIONS, INC.			
(2)	ame of Corporation)			
P06000089932	, a corporation organized under the laws	s of the State of		
(Document Number, if known)				
FLORIDA		2021 S		
		2021 NOV		
		22 :://s	7	
	<i></i>	SSCI AR		
	(prof	8: <b>4:</b> 5	C	
<del></del>	(Signature of resigning officer/director)	·	Ø.	

## 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