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Office Use Only



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officer Resignation

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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT:	MARKEN	(Name of Corporation	TION	INC.
BOCHMENT NI	JMBER: Po6	(Name of Corporation	1) Z	
	cer/Director Resignatio	_		mitted for filing
Please return all co	orrespondence concerni	ing this matter to the fo	llowing:	

MARK A. REID
(Name of Person)

MARKEN CONSTRUCTION
(Name of Firm/Company)

2239 PINEMORD CIRCLE
(Address)

MARKEN CONSTRUCTION
(Name of Firm/Company)

2239 PINEMORD CIRCLE
(Address)

For further information concerning this matter, please call:

Mark A. Reid at (239 825-1777 (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

ZOOB FEB 11 AM 10:37

TALLAHASSEE. FLORIDE

MARK A. KE	, hereby resign as FRS. (Title)
MARKEN	Constantion, inc. (Name of Corporation)
(Document Number, if known)	, a corporation organized under the laws of the State of
FLORINA	

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