

POC00018187

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*[Handwritten signature]*

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Cavalry Construction + Management Corporation  
(Name of Corporation)

**DOCUMENT NUMBER:** P06000118187

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

Please return all correspondence concerning this matter to the following:

Adeline Rivera  
(Name of Person)

AM Drywall Solutions, Corp.  
(Name of Firm/Company)

19046 Bruce B. Downs Blvd, #247  
(Address)

Tampa, FL 33647  
(City/State and Zip Code)

For further information concerning this matter, please call:

Adeline Rivera at ( 813 ) 333-8394  
(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, Adeline Rivera, hereby resign as Treasurer  
(Title)

of Cavalry Construction & Management Corps  
(Name of Corporation)

PO6000118187, a corporation organized under the laws of the State of  
(Document Number, if known)

Florida

Adeline Rivera  
(Signature of resigning officer/director)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**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