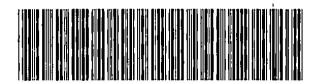
## P06000 143 157

(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:		
<u></u>		





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TALLAHASSELAFE

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## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: M. Scigliano Construction
DOCUMENT NUMBER: P 06000143157
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
ESTHER M. SCIGLIANO
M. SCIGLIAND CONSTRUCTION INC. (Name of Firm/Company)
11707 FICUS STREET #A
PALM, BEACHGARDENS, FLA. 33410 (City/State and Zip Colle)
For further information concerning this matter, please call:
ESTHER SCIGUANO at (561) 373 5355 (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

	I. ESTHER M. SCIGLIAN Ohereby resign as VICE PRESID	EN
	of M. SCIGLIANO CONSTRUCTION INC.	<u>.</u>
H	PO6000143157 a corporation organized under the laws of the State of (Document Number, if known)	
	FLORIDA	
	(Signature of resigning officer/director) 10.26.2019	1
	(Signature of resigning officer/difestor) 10.26.2019 S	ا بیا ا
	700 PH 3	
		1

Make checks payable to Florida Department of State and mail to:

FILING FEE IS \$35.00

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314