## Po7000035050

(Requestor's Name)		
(Address)		
(Address)	<del></del>	
(City/State/Zip/Phone #)		
PICK-UP WAIT	MAIL	
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status	5	
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Alsignation & Offices

04/20/09--01038--018 \*\*35.00

DOS APR 20 PH 12: 42
SECRETARY OF STATE

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## **COVER LETTER**

TO: Amendment Section Division of Corporations

SUBJECT:	ARCE CONTRACTORS INC
	(Name of Corporation) P07000035050
DOCUMENT NU	MBER: P07000055050
The enclosed Offic	er/Director Resignation for a Corporation and fee are submitted for filing
Please return all con	rrespondence concerning this matter to the following:
	MANUEL ARCE
	(Name of Person)
ARCE	CONTRACTORS INC
(	Name of Firm/Company)
884	4 SW 197TH TERRACE
	(Address)
	MIAMI FL 33157
(	City/State and Zip Code)
For further information	tion concerning this matter, please call:
	MANUEL ARCE at (786) 553-3096  (Area Code & Daytime Telephone Number)
(Nai	me 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 Corpora Clifton Building 2661 Executive Cen Tallahassee, FL 323	tions Division of Corporations Post Office Box 6327 Iter Circle Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

FILED

2009 APR 20 PM 12: 42

SECRETARY OF STATE TALLAHASSEE, FLORIDA

I. KATRINA ARCE	, hereby resign as V-PRESIDENT	
-	(Title)	
of ARCE CONTRACTORS INC		
	of Corporation)	
P07000035050	, a corporation organized under the laws of the State of	
(Document Number, if known)		
FLORIDA		

(Signature of resigning officer/director)

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