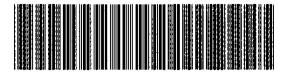
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(Ře	equestor's Name)	
(Ac	ldress)	
(Ac	dress)	
(Ci	ty/State/Zip/Phone) #)
PICK-UP	MAIT	MAIL .
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		
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Amendment Section Division of Corporations

TO:

SUBJECT: PUNCHLIST EQUIPM	MENT MANAGEMENT, INC.
•	(Name of Corporation)
DOCUMENT NUMBER: P0700	00062438
The enclosed Officer/Director Resign	nation for a Corporation and fee are submitted for filing
Please return all correspondence cond	cerning this matter to the following:
Peter Benjamin	
(Name of Person	n)
(Name of Firm/Com	npany)
4203 West Empedrado Street	
(Address)	
Tampa, FL 33629	
(City/State and Zip	Code)
For further information concerning th	nis matter, please call:
Peter Benjamin	at (813) 335-5328
(Name of Person)	at (813) 335-5328 (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

ı Peter Benjamin	, hereby resign as VP
*)	(Title)
of_PUNCHLIST EQUIPMENT M	· · · · · · · · · · · · · · · · · · ·
P07000062438 (Document Number, if known)	, a corporation organized under the laws of the State of
Florida	
	TALL S
•	(Signature of resigning officer/director)
	T PH T
	2

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