P07000127150

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
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2008 OCT 27 AMII: 40 SECRETARY OF STATE

officer Presignation
TB 15/29/15

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: BERCHTOLD BUILDERS Truc
(Name of Corporation)

DOCUMENT NUMBER: PO7000/27/50

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

Please return all correspondence concerning this matter to the following:

LED A. BERCHTOLD
(Name of Person)

BERCHTOLD BUILDERS Truc
(Name of Firm/Company)

729 DEAN WAY
(Address)

FOET MYERS (1 33919
(City/State and Zip Code)

For further information concerning this matter, please call:

(Name of Person) at (239) 481-2929 av 239-812-8999

(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

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2008 B: MA TS 130 8002

MICENTER



September 17, 2008

LEO BERCHTOLD BERCHTOLD BUILDERS, INC. 729 DEAN WAY FORT MYERS, FL 33919

SUBJECT: BERCHTOLD BUILDERS, INC.

Ref. Number: P07000127150

We have received your document for BERCHTOLD BUILDERS, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6925.

Letter Number: 508A00050455

Teresa Brown Regulatory Specialist II

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		IRECTOR RE A CORPORA	SIGNATIO	NATARY AND	ED 11:40
I, PETER.	thukano	hereby r	esign as	V. Presio	en J
or Bupert	TOLO B (Name of	uildus, I	tna		, ,
Po 7000 /27 (Document Number,	7/50 .	a corporation orga	nized under th	e laws of the State	e of
FLORIDA	1	_			

FILING FEE IS \$35.00

(Signature of resigning officer/director)

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

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