

Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : Y. GONZALEZ CPA PA

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COR AMND/RESTATE/CORRECT OR O/D RESIGN I.E. CONTRACTORS, INC.

Certificate of Status	0
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COVER LETTER

To:

TO: Amendment Section Division of Corporations				
SUBJECT: I. E Contractors, Inc. (Name of Corporation)				
DOCUMENT NUMBER: P09000026097				
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Ileana Escoriza				
(Name of Person)				
I.E. Contractors, Inc.				
15/16 SW 63 terrace				
(Address)				
MIAMI F1 33193				
(City/State and Zip Code)				
For further information concerning this matter, please call:				
Tleana Escalziza at (305) 788-5594 (Name of Person) (Area Code & Daytime Telephone Number)				
(Name of Person) (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 Post Office Box 6327 Tallahassee, FL 32314

CR2E044(08/05)

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

To:

Fax: +1 (850) 617-6380

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OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

Ι, _	Isidro Sanchez	hereby resign as	Secretary	
of_	I.E. Contr	ractors, Inc	(Title)	 ,
	Posoco26097 a (Document Number, if known)	corporation organized und	er the laws of the State of	
		And	2012 SEC TALL	
	(डाह्ये	ature of resigning officer/director	>>≈	FILED

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