(Requestor's Name)		
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PICK-UP WAIT	MAIL	
(Business Entity Name)		
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COVER LETTER

Division of Corporations
SUBJECT: THOMPSON CONTRACTOR RESOURCES INC. (Name of Corporation) DOCUMENT NUMBER: PO 900060193
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
BRENDA GTHOMPSON (Name of Person)
THOMPSON CONTRACTOR RESOURCES In C. (Name of Firm/Company)
5025 CHAUORON ROAD (Address)
MOLINO FLORIDA 32577 (City/State and Zip Code)
For further information concerning this matter, please call:
BRENDA G. THOMPSON at (850) 587-5690 (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

Street Address:
Amendment Section
Division of Corporations
Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

TO:

Amendment Section

OFFICER / DIRECTOR RESIGNATION FILED FOR A CORPORATION 2019 JUL 12 PM 59 44

SECRETARY OF STATE TALLAHASSEE, FLORIDA

I, BRENDAGTHOMP)SON, hereby resign as_	PRES. /VID
,		(1.40)
of THOMPSON	CONTRACTOR RE. Name of Corporation)	Sources Inc.
,	Name of Corporation)	
P09000060193	, a corporation organized und	der the laws of the State of
(Document Number, if known)		
FLORIDA	······································	

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