1409000000001

| (Re | questor's Name) | | | |
|---|-------------------|-------------|--|--|
| (Ad | dress) | | | |
| (Ad | dress) | | | |
| (Cit | y/State/Zip/Phone | ∋ #) | | |
| PICK-UP | ☐ WAIT | MAIL | | |
| (Bu | siness Entity Nar | ne) | | |
| (Document Number) | | | | |
| Certified Copies | _ Certificates | s of Status | | |
| Special Instructions to Filing Officer: | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Office Use Only



900175369719

04/30/10--01042--016 **35.00



David Corporate

COVER LETTER

| TO: Amendment Section Division of Corporations |
|--|
| SUBJECT: CICKWOOD CONSTONETION FOR FRANCE, INC. (Name of Corporation) |
| DOCUMENT NUMBER: P 04 0000 66 64 |
| The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing |
| Please return all correspondence concerning this matter to the following: |
| Frances Empores |
| (Name of Person) |
| (Name of Firm/Company) |
| (Name of Firm/Company) |
| 70 W manuson - SVITE 3500 |
| 70 W marssen - SVITE 3500 (Address) |
| City/State and Zin Code) |
| (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| (Name of Person) at (312) 477 4644 (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. |
| 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 |

TO:

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

| I, DANID ROTHINGE | , hereby resign as 🔼 🕰 | Othiur and (Title) | dienter |
|---|---|-----------------------|---|
| of Kiewood Chis | Twened Interes no rate, ame of Corporation) | Soc | <u> </u> |
| Pag ao ao 46 ays (Document Number, if known) Frampa | a corporation organized under t | the laws of the State | FIL 10 APR 30 SECRETARY TALLAHASSE |
| | (Signature of resigning officer/director) | ering. | O AM 9: 5 |

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