P09000077388

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	: #)
PICK-UP	WAIT	MAIL
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Off/ Sw Resign

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COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: Potter-Levane Contra	eting, Inc
	(Name of Corporation)
DOCUMENT NUMBER: P0900	00077388
The enclosed Officer/Director Resign	nation for a Corporation and fee are submitted for filing.
Please return all correspondence cond	eerning this matter to the following:
Margaret A. Potter-Levane	
(Name of Person	n)
Potter-Levane Contracting, Inc.	
(Name of Firm/Com	pany)
815 So. Pine Ave.	
(Address)	
Ocala, FL 34471	
(City/State and Zip	Code)
For further information concerning th	is matter, please call:
Margaret A. Potter-Levane	at (352) 351-0731 (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.
Amendment Section	Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

TO:

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION AMIL: 33

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