PD9000009421

(Re	equestor's Name)	
(Ad	Idress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	<i>→</i> #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		





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DDRES 10,12/20/11

COVER LETTER

Amendment Section Division of Corporations

TO:

COMPLETE STRUCTURAL CONCRETE INC
SUBJECT: COMPLETE STRUCTURAL CONCRETE, INC. (Name of Corporation)
DOCUMENT NUMBER: P09000093421
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filin
Please return all correspondence concerning this matter to the following:
Lawrence M Galdonik III
(Name of Person)
(Name of Firm/Company)
11738 Monte Vista Rd
(Address)
Clermont, FL 34711
(City/State and Zip Code)
For further information concerning this matter, please call:
L. M. Gallon, k at (352) 534-4276 (Name of Person) at (352) 534-4276 (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)

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

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I. Lawrence M. Galdonik I	, hereby resign as DPS
-,	(Title)
of COMPLETE STRUCTU	JRAL CONCRETE, INC.
	(Name of Corporation)
P09000093421 (Document Number, if know	, a corporation organized under the laws of the State of
Florida	

(Signature of resigning officer/director)

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

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