

P10000037897

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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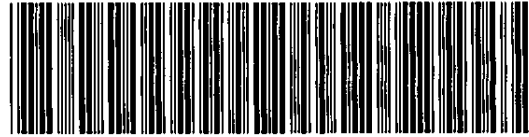
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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AND
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01/19/12
TL

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: VAL-CON, INC.
(Name of Corporation)

DOCUMENT NUMBER: P10000037897

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Elwood M. Obrig, Esquire

(Name of Person)

Elwood M. Obrig, PA

(Name of Firm/Company)

635 West Highway 50, Ste A-1

(Address)

Clermont, FL 34711

(City/State and Zip Code)

For further information concerning this matter, please call:

Elwood M. Obrig, Esquire

(Name of Person)

at (352) 243-2114

(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:

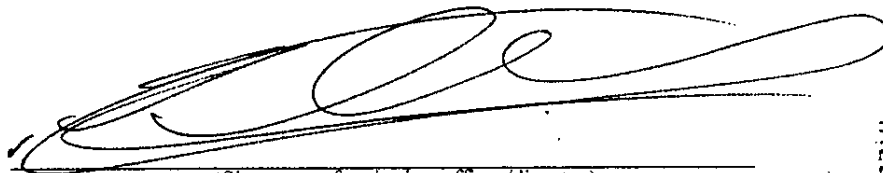
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, ELICEO R. KRUEL, hereby resign as President
(Title)

of VAL-CON, INC.
(Name of Corporation)

P10000037897, a corporation organized under the laws of the State of
(Document Number, if known)
FLORIDA.


(Signature of resigning officer/director)
ELICEO R. KRUEL

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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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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AND
FILED