## P10000087079

| (Requestor's Name)                      |  |
|---|--|
| (Address)                               |  |
| (Address)                               |  |
| (City/State/Zip/Phone #)                |  |
| PICK-UP WAIT MAIL                       |  |
| (Business Entity Name)                  |  |
| (Document Number)                       |  |
| Certified Copies Certificates of Status |  |
| Special Instructions to Filing Officer: |  |
|   |  |
|   |  |
|   |  |

Office Use Only



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06/10/11--01012--002 \*\*35.00

SECRETARY DE SIGNE BINISION OF CORPORATION



## **COVER LETTER**

| Division of Corporations   |
|--|
| SUBJECT: Spada Construction Inc  |
| (Name of Corporation)  |
| DOCUMENT NUMBER: P10000087079  |
| The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.  |
| Please return all correspondence concerning this matter to the following:  |
| Joseph L Spada   |
| (Name of Person)   |
| Spada Construction Inc   |
| (Name of Firm/Company)   |
| 357 Kelly DR   |
| (Address)  |
| West Palm Beach FL 33411   |
| (City/State and Zip Code)  |
| For further information concerning this matter, please call:   |
| Joseph L Spada at (561 ) 818-2488  (Name of Person) (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: Amendment Section

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

| I,                                       | , hereby resign as Vice President                        |  |
|--|--|--|
|  | (Title)  |  |
| of Spada Construction Inc                |  |  |
| (Nar                                     | ne of Corporation)                                       |  |
| P10000087079 (Document Number, if known) | , a corporation organized under the laws of the State of |  |
| Florida                                  | (Signature of resigning officer/director)                |  |
|  | AH 9:  |  |

Make checks payable to Florida Department of State and mail to:

FILING FEE IS \$35.00

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314