P10000094233

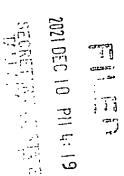
(Requestor's Name)	
(Address)	
(Address)	
(160,000)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
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TRANSMITTAL LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: MARTIN FAMILY (UNSTRICTION
·-	(Name of Corporation)
DOCUMENT NUMBER: <u>\$\mathcal{P}\lood</u>	0094233
The enclosed Officer/Director Resignation	for a Corporation and fee are submitted for filing.
Please return all correspondence concernir	ng this matter to the following:
Steven D. MARTIN (Name of Person)	
(Name of Person)	
MArthe Family Constructs (Name of Firm/Company)	ON
(Name of Firm/Company))
149 LAURIANNE R.D. (Address)	
(Address)	
Debany FL. 32713 (City/State and Zin Code)	
(<u>-</u>	
For further information concerning this ma	atter, please call:
Steve MARTIN	at (<u>396</u>) <u>7/7-8602</u> (Area Code & Davtime Telephone Number)
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payal	ble to the Florida Department of State.
Mailing Address:	Street Address:
Amendment Section	Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION



Steven D. MAR	
	(Title)
MATHER FAMILY C.	enstruction Inc.
	(Name of Corporation)
7000009 4233 (Document Number, if known)	, a corporation organized under the laws of the State of
Florida	
	to more
	(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