

(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:

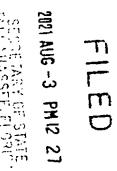
Office Use Only



900370586839

resignation 3

08/03/21--01028--003 \*\*35.00



AUG 1 72021 A RAMSEY

## TRANSMITTAL LETTER

**TO:** Amendment Section Division of Corporations

SUBJECT:	ABSOLUTE CONSTRUCTION SERVICES, INC.		
SUBJECT:	(Name of Corporation)		
DOCUMENT NUMBER:_	ИВЕR:		
The enclosed Officer/Directo	r Resignation for a Corporation and fee are su	bmitted for filing	
Please return all corresponder	nce concerning this matter to the following:		
ADALBER	RTO MOREJON		
(Name	of Person)		
ABSOLUTE CONSTRU	UCTION SERVIES, INC.		
(Name of F	irm/Company)		
18541 SW	43 STREET		
(Ac	ldress)		
MIRAMAR/F	LORIDA 33029		
(City/State	and Zip Code)		
For further information conce	erning this matter, please call:		
ADALBERTO MO	on) at ( 954 673-2132 ) (Area Code & Daytime Tel		
(Name of Pers	on) (Area Code & Daytime Tel	lephone Number)	

Mailing Address:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## OFFICER / DIRECTOR RESIGNATION FILED FOR A CORPORATION 2021 AUG -3 PM 12 27

FALL SHASSEE, FLORIE.

GILBERT A. CAAMANO	PRESIDENT, hereby resign as
	(Title)
ABSOLUTE CONSTRUCTION S	
(Na	ame of Corporation)
P11000013029	, a corporation organized under the laws of the State of
(Document Number, if known)	
FLORIDA	
	<del></del> •
-	(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