

| (Requ                                   | estor's Name)  | _           |  |  |  |  |
|---|----------------|-------------|--|--|--|--|
| (Addre                                  | ess)           |             |  |  |  |  |
| ·                                       | ŕ              |             |  |  |  |  |
| (Addre                                  | ess)           |             |  |  |  |  |
| (City/S                                 | State/Zip/Phon | e #)        |  |  |  |  |
| PICK-UP                                 | ☐ WAIT         | MAIL        |  |  |  |  |
| (Business Entity Name)                  |                |             |  |  |  |  |
| (Document Number)                       |                |             |  |  |  |  |
| Certified Copies                        | Certificate    | s of Status |  |  |  |  |
| Special Instructions to Filing Officer: |                |             |  |  |  |  |
|   |                |             |  |  |  |  |
|   |                |             |  |  |  |  |
|   |                |             |  |  |  |  |
|   |                |             |  |  |  |  |

Office Use Only



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FILED
18 DEC 26 PH 3: No

M Resign

## TRANSMITTAL LETTER

| SUBJECT: PATRONE CONSTRUCTION (Name of Corporation)  |  |  |  |  |  |
|--|--|--|--|--|--|
|  |  |  |  |  |  |
| DOCUMENT NUMBER: P(1000043017  |  |  |  |  |  |
| The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing |  |  |  |  |  |
| Please return all correspondence concerning this matter to the following:                    |  |  |  |  |  |
| PERRY BARFUS (Name of Person)  |  |  |  |  |  |
| PATRONE CONSTRUCTION INC. (Name of Firm/Company)   |  |  |  |  |  |
| 475 NE. 14TH GT. (Address)   |  |  |  |  |  |
| BUCA PATON FL. 33432- (City/State and Zip Code)  |  |  |  |  |  |
| For further information concerning this matter, please call:                                 |  |  |  |  |  |
| PERFUS at (305) 986-2925 (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
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

TO: Amendment Section

Division of Corporations

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

| I, FE        | sery Baer                               | -05   | , hereby                | resign as <u>VIC</u> 3 | E PRESIDENT<br>(Title)                  |
|--------------|---|-------|-------------------------|------------------------|---|
| of           | PARRONE                                 | CDN57 | RUCTION<br>Corporation) | INC.                   |   |
| Place<br>(Do | <u>∞643017</u><br>ocument Number, if kr | nown) | a corporation org       | anized under the la    | iws of the State of                     |
|              | CORICA                                  |       |                         |                        |   |
|              |   |       |                         |                        |   |
|              |   | (Sig  | rature of resigning o   | ficer/director)        | 18 DEC                                  |
|              |   |       |                         |                        | FILED DEC 26 PH 3: NA LANKSSIF FUNCTION |
|              |   |       |                         |                        | ~ <b>∱</b> \                            |

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