P11000067312

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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		:





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FILED

7011 MAY 29 A 10: 51
SECRETARY OF STATE



COVER LETTER

SUBJECT: Jay Stucco & Const Inc. (Name of Corporation)
DOCUMENT NUMBER: 911000067312
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
(Name of Person)
Jays Stucco & Const Inc. (Name of Firm/Company)
12930 Phillips Rd. (Address)
Coroveland FC 3473(e) (City/State and Zip Code)
For further information concerning this matter, please call:
Laura Levino at (352) 348-1320 (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payable to the Florida Department of State.

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

CR2E044(08/05)

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

TO:

Amendment Section Division of Corporations

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, Laura Levine, hereby resign as Treasurer (Title)	
of Tay Stucco & Const Inc. (Name of Corporation)	<u> </u>
P11000067312 , a corporation organized under the laws of the State (Document Number, if known)	e of
Florida.	
(Signature of resigning officer/director) (Signature of resigning officer/director) (Signature of resigning officer/director)	71
LAHASSEE. FLORID 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