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To:

Division of Corporations

Fax Number

: (850)617-6330

From:

: SAXON GILMORE NON-TRUST FUNDS Account Name

Account Number : I20180300023 : (813)314-4551 Phone

: (813)314-4555 Fax Number

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter\_only one email address please. \*\*

## COR AMND/RESTATE/CORRECT OR O/D RESIGN

DURA CONTRACTING INC

Section and the section of the secti	STREET CONTROL IN THE TOTAL
Certificate of Status	0
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JUL 23 2018

I ALBRITTON

## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: DURA CONT	V	IC.
DOCUMENT NUMBER: P15000	051349	
The enclosed Officer/Director Resign	ation for a Corporation	and fee are submitted for filing.
Please return all correspondence cond	erning this matter to the	e following:
Richard Fomuke		
(Name of Perso	n)	•
(Name of Firm/Con	npany)	
3413 Pendleton Wa	У	
(Address)		
Land O Lakes, FL 3		_
(City/State and Zip		
For further information concerning the		
Richard Fomuke	<sub>at (</sub> 813	267-6897 le & Daytime Telephone Number)
(Name of Person)	(Area Coo	le & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payable to the Florida Department of State.		
Malling Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporate 2661 Executive Cente Tallahassee, FL 3230	r Circle

CR2E044 (05/13)

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

(Title)
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·
aws of the State of
2010 JUL 20 AM 8: SECRETARY OF STA

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

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