(Requestor's Name) (Address)	300391332583
(Address)	000001002000
(City/State/Zip/Phone #)	07/21/22-+01006016 ++70.00
(Business Entity Name)	
(Document Number)	
fied Copies Certificates of Status	
ecial Instructions to Filing Officer:	1922 J.T. 21 PM 1: 30
Office Use Only	

## TRANSMITTAL LETTER

TO: Amendment Section **Division of Corporations** 

SUBJECT: Trenchless Crossings, Inc.

(Name of Corporation)

# DOCUMENT NUMBER: P15000075035

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Diane Cody

(Name of Person)

(Name of Firm/Company)

539 W Commerce Street Suite 2123

(Address)

Dallas, TX 75208

(City/State and Zip Code)

For further information concerning this matter, please call:

Diane Cody

(Name of Person)

737 222-1821 (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

at (

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 FOR A CORPORATION

Diane Cody L	Operations Manager , hereby resign as
	(Title)
Trenchless Crossings, Inc.	
(Name	of Corporation)
P150XXX075035	, a corporation organized under the laws of the State of
(Document Number, if known)	0
Florida	

1022 101 21 Signature of resigning officer/director)

P∺ 1:30

**Diane Cody** 

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### 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