## P1700051737

(Requestor's Name)		
(Address)		
(Address)		
(100,000)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
(Seeding it verifies)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
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## TRANSMITTAL LETTER

то:	Amendment Section Division of Corporations
SUBJ	IECT:
	(Name of Corporation)
DOC	UMENT NUMBER: P17000051737
The e	nclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please	e return all correspondence concerning this matter to the following:
Rober	to Gonzalez
	(Name of Person)
	(Name of Firm/Company)
P.O> {	Box 24292
	(Address)
Jackso	onville, Fl 32217
	(City/State and Zip Code)
For fu	urther information concerning this matter, please call:
Robert	to Gonzalez  at (
_	(Name of Person) (Area Code & Daytime Telephone Number)
Enclo	sed is a check for \$35.00 made payable to the Florida Department of State.
Amen Divisi P.O. E	ng Address: dment Section on of Corporations Box 6327 assee, FL 32314  Street Address: Amendment Section Division of Corporations 2661 Executive Center Circle Tallahassee, FL 32301

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

Roberto Gonzalez I	President Presid
	(Title)
K and L Contractor Inc	
	me of Corporation)
P17000051737 (Document Number, if Lown)	a corporation organized under the laws of the State of
Florida	·
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## FILING FEE IS \$35.00

Amendment Section
Division of Corporations
P.O. Box 6327

P.O. Box 6327 Tallahassee, Florida 32314