P20000084130

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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(Document Number)
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J. HORNE
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06/20/23--01025--003 **35.00



TRANSMITTAL LETTER

CAVE FAMILY CONSTRUCTION INC SUBJECT: (Na	me of Corporation)
DOCUMENT NUMBER: P20000084130	
The enclosed Officer/Director Resignation for a	a Corporation and fee are submitted for filing.
Please return all correspondence concerning this	s matter to the following:
DAVID B CAVE JR	;
(Name of Person)	0/30:
CAVE FAMILY CONSTRUCTION INC	please change the email to:
(Name of Firm/Company)	
8656 N ELKCAM BLVD	D cave 82@ yahoo, com
(Address)	
CITRUS SPRINGS FL, 34434	
(City/State and Zip Code)	
For further information concerning this matter,	please call:
DAVID B CAVE JR	(Area Code & Daytime Telephone Number)
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payable to	the Florida Department of State.
Mailing Address:	Street Address:
Amendment Section	Amendment Section

Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

CR2E044 (05/13)

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

TO:

Amendment Section Division of Corporations

JACQUELYN E CAVE	VICE PRESIDENT, hereby resign as(Title)
	(Title)
CAVE FAMILY CONSTRUCTION I	NC
	ame of Corporation)
2000084130	a corporation organized under the laws of the State of
(Document Number, if known)	, a corporation organized under the laws of the State of

(Signature of resigning officer/director)

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