

P93000044/99

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

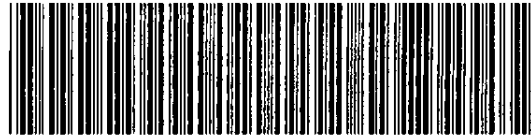
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

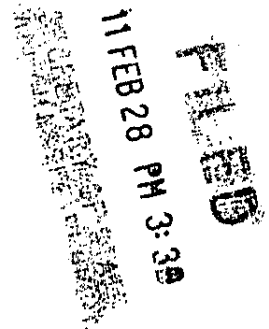
Special Instructions to Filing Officer:

Office Use Only



400196259834

02/28/11--01039--008 **35.00



O/D Resign.

3/4/11

DC

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Seminole Contracting Services II Inc.
(Name of Corporation)

DOCUMENT NUMBER: P93000044199

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

Please return all correspondence concerning this matter to the following:

Chris Mongelluzzi

(Name of Person)

(Name of Firm/Company)

30840 U.S. Hwy 19 North

(Address)

Palm Harbor, FL 33759

(City/State and Zip Code)

For further information concerning this matter, please call:

Edwin Shepherdson

(Name of Person)

at (813) 908-0009

(Area Code & Daytime Telephone Number)

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

Street Address:

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

Mailing Address:

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

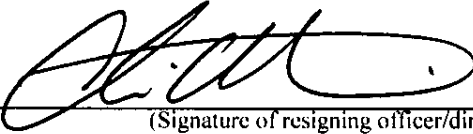
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Chris Mongelluzzi, hereby resign as PST
(Title)

of Seminole Contracting Services II Inc.
(Name of Corporation)

P93000044199, a corporation organized under the laws of the State of
(Document Number, if known)

Florida


(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

11 FEB 28 PM 3:30

FILED