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TACCAHASSEE FLORIDA

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## **COVER LETTER**

| TO:                          | Amendment Section Division of Corporations   |  |  |  |
|------------------------------|--|--|--|--|
| SUB                          | SJECT: Master Contractors, Inc. (Name of Corporation)  |  |  |  |
| (Name of Corporation)        |  |  |  |  |
| DOC                          | CUMENT NUMBER:   |  |  |  |
| The                          | enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing   |  |  |  |
| Pleas                        | se return all correspondence concerning this matter to the following:  |  |  |  |
| Sar                          | ndra Puerta (Name of Person)   |  |  |  |
|                              | (Name of Person)   |  |  |  |
| Ма                           | ster Contractors, Inc.   |  |  |  |
|                              | (Name of Firm/Company)   |  |  |  |
| 647                          |  |  |  |  |
| Lal                          | (Address)  ke Worth, FL 33467  |  |  |  |
|                              | (City/State and Zip Code)  |  |  |  |
| For t                        | further information concerning this matter, please call:   |  |  |  |
| Sar                          | ndra Puerta at ( 561 ) 712-8898  (Name of Person) (Area Code & Daytime Telephone Number)   |  |  |  |
|                              | (Name of Person) (Area Code & Daytime Telephone Number)  |  |  |  |
| Encl                         | losed is a check for \$35.00 made payable to the Florida Department of State.  |  |  |  |
| Ame<br>Divi<br>Clift<br>2661 | Mailing Address: Endment Section Sion of Corporations Ton Building  I Executive Center Circle  Tallahassee, FL 32301  Mailing Address:  Amendment Section Division of Corporations Post Office Box 6327  Tallahassee, FL 32314 |  |  |  |

TO:

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

| Bryan Turner               | , hereby resign as Vice President                        |                |  |
|----------------------------|--|----------------|--|
|                            | (Title)  |                |  |
| of Master Contractors, Inc |  |                |  |
| v                          | (Name of Corporation)                                    |                |  |
| (Document Number, if know  | , a corporation organized under the laws of the State of |                |  |
| Florida                    |  |                |  |
|                            | ·<br>·   |                |  |
|                            |  |                |  |
|                            |  | Q.             |  |
| 4                          | (Signature of resigning officer/director)                | C 022          |  |
|                            | 2 (Signature of resigning officer/director)              | B<br>E         |  |
|                            | ្តី ត្រូវ  | 1 (1)<br>2 (1) |  |

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