(Requestor's Name)  (Address)  (Address)	300
(City/State/Zip/Phone #)	12/2
(Business Entity Name)  (Document Number)	
Certified Copies Certificates of Status	







188834513

?7/10--01036--029 **\*\***35.00



## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

1, Noel L. Carvalho, hereby resign as Secr	etary/Treasurer
of C.J. Carvalho Construction, Inc. (Name of Corporation)	<u>.                                    </u>
P9700006900 , a corporation organized under the law (Document Number, if known)	vs of the State of
- Florida	ALLA HA
	27 A
(Signature of resigning officer/director)	9: 36
(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

## **COVER LETTER**

SUBJECT: C.J. Carvalho Construction, Inc (Name of Corporation)
DOCUMENT NUMBER: <u>P9700000 6900</u>
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Donna Innamorato (Name of Person)
C.J. Carvalho Construction, Inc. (Name of Firm/Company)
P.O. BOX 1204 (Address)
Tarpon Springs, FL. 34688 (City/State and Zip Gode)
For further information concerning this matter, please call:
Donna Innamorato at (727) 939-4924 (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:
Amendment Section
Division of Corporations
Post Office Box 6327

Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

TO:

Amendment Section Division of Corporations