P9900069594

(Re	equestor's Name)	
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(Address)		
(Cit	ty/State/Zip/Phone	e #)
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COVER LETTER

ABOOD & ASSOCIATES CONSTRUCTION, INC. (Name of Corporation) P99000069594 **DOCUMENT NUMBER:** The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following: **ELIZABETH EVANS** (Name of Person) SILVER, GARVETT & HENKEL, P.A. (Name of Firm/Company) 18001 OLD CUTLER ROAD, SUITE 600 (Address) PALMETTO BAY, FL 33157 (City/State and Zip Code) For further information concerning this matter, please call: **ELIZABETH EVANS** 305 377-7702 (Area Code & Daytime Telephone Number) (Name of Person) Enclosed is a check for \$35.00 made payable to the Florida Department of State. Mailing Address:
Amendment Section **Street Address:** Amendment Section Division of Corporations Clifton Building Division of Corporations Post Office Box 6327 2661 Executive Center Circle Tallahassee, FL 32314 Tallahassee, FL 32301

TO:

Amendment Section Division of Corporations



OFFICER/DIRECTOR RESIGNATION FOR A CORPORATION

I, <u>DONNA ABOOD</u>, hereby resign as <u>Director</u> of <u>ABOOD & ASSOCIATES CONSTRUCTION, INC.</u>, <u>P99000069594</u>, a corporation organized under the laws of the State of Florida, effective August 26, 2008.

(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