## 5 16445

(Re	equestor's Name)	
(Ad	ddress)	
(Ac	ddress)	<u>.                                    </u>
(Ci	ty/State/Zip/Phone	<del>;</del> #)
PICK-UP	WAIT	MAIL
(Bu	usiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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SECRETARY OF STATE OF CORPORATION OF CORPORATION OF CORPORATION OF JUN 12 PH 2:54

0/0 Resign.
06/16/06

## **COVER LETTER**

SUBJECT: Robert Cory Construction, Inc (Name of Corporation)
DOCUMENT NUMBER: SIG 445
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Name of Firm/Company)
2780 Horsestoe Dr. S#2
Naples, FL 34104 (City/State and Zip Code)
For further information concerning this matter, please call:
Chrissi Jackson at (239) 243-9005 (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

TO:

Amendment Section Division of Corporations

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

1. Robert Cary	, hereby resign as(Title)
of Robert Care	Construction, Inc.
S14445	, a corporation organized under the laws of the State of
(Document Number, if known)  Florida	

(Agnature 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

SECRETARY OF STATE OIVISION OF CORPORATIONS

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