

(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
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14 OCT | L PM L: 06

OID Resign

TRANSMITTAL LETTER

SUBJECT: TRI-LAND CONSTRUCTION, INC. (Name of Corporation)
DOCUMENT NUMBER: 566456
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
14-R- Hough (Name of Person)
TRI-LAND CONSTRUCTION, INC. (Name of Firm/Company)
9536 Rose Rd (Address)
TALLAHASS GE, F/ 323// (City/State and Zip Code)
For further information concerning this matter, please call:
14.R Hough at (850) 510-6206 (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
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

TO: Amendment Section Division of Corporations

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

FILED
SECRETARY OF STATE
TALLAHASSEE.FLORIDA

14 OCT 14 PM 4: 06

i, Whitney B. Ho	nuGH , hereby resign as TREASURER (Title)
of TRI-LAND (Na	onstruction INC.
S 66 456 (Document Number, if known)	, a corporation organized under the laws of the State of
FLORIDA	

FILING FEE IS \$35.00

er/director)

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314