(Re	equestor's Name)					
(Address)						
(Address)						
(Cit	ty/State/Zip/Phone	e #)				
PICK-UP	MAIT	MAIL				
(Bu	isiness Entity Nar	ne)				
(Document Number)						
Certified Copies	_ Certificates	s of Status				
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## **COVER LETTER**

TO: Amendment Section Division of Corporations							
SUBJECT: Pioneer Construction of Maples, Inc  (Name of Corporation)  V48802							
DOCUMENT NUMBER: V48802							
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.							
Please return all correspondence concerning this matter to the following:							
Emilio Aboud (Name of Person)							
Pioneer Construction (Name of Firm/Company)							
6055 W 6 Ave (Address)							
Hialeah Fl 33012 (City/State and Zip Code)							
For further information concerning this matter, please call:							
Emilio Aboud at (305) 215 2204 (Area Code & Daytime Telephone Number)							

**Street Address:** 

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, Emilio	Aboud	, hereby resign as	lice	Presi	de	<u>n</u> t
of Pioneer	Construc (Name of Corporation	tion of	Nap	les	Ir	1C-
V48802 (Document Number, i	known) , a corpora	ation organized unde	er the laws o	of the State	e of	
	•			¥.,	Dao	
	(Signature of re	esigning officer/director	)	CORE LARY DE LA	DHOOCT 12 MIII:	

## 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