156132

| (Re | equestor's Name) | | | |
|---|---------------------|-----------|--|--|
| (Ac | ldress) | | | |
| (Ac | ddress) | | | |
| (Ci | ty/State/Zip/Phone | #) | | |
| PICK-UP | ☐ WAIT | MAIL | | |
| (Ви | isiness Entity Name | e) | | |
| (Do | ocument Number) | | | |
| Certified Copies | Certificates o | of Status | | |
| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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SECRETARY OF STATE

12.

COVER LETTER

| SUBJECT: | 512 | CONS | TRUC | TI ON | Fre |
|--------------------|------------------|-----------------|------------------------|-----------------|---------------------|
| | | (1) | lame of Corpor | ation) | |
| DOCUMENT N | UMBER: | V | 5613 | 2 | |
| The enclosed Off | ficer/Director F | Resignation for | a Corporation | and fee are sub | omitted for filing. |
| Please return all | correspondenc | e concerning th | nis matter to th | e following: | |
| m | YNCW (Name of | Ros | Non | | |
| | (Name of | Person) | | | |
| SIZ | CM | STRUK | CTICN | FIL | |
| | (Name of Firm | n/Company) | | | |
| <u>35</u> 00 | ·w | Hallan | dole | Beach | BUUN |
| | (Addr | ress) | | | |
| Powers | O CE | Par(c | FC | 3302 | (BUUD) |
| | (City/State all | u Zip Code) | | | |
| For further inform | | | | | |
| Myron | Name of Person | <u>(e/</u> | at (305 (Area Code | 303- | 8/// ephone 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

Amendment Section Division of Corporations

TO:

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

| I, | George | Lucos, hereby resign as_ | Vice President | _ |
|----|---------|---|------------------------------|---|
| of | 512 | CONSTRUCTION (Name of Corporation) | Inc. | |
| | V 56/3 | | ler the laws of the State of | |
| | Florida | ! | 7.0 | |
| | | | FIL ASSE | |
| | | (Signature of resigning officer/directo | PH 3: 2 C. FLORI | |

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