V68967

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer;				





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TRANSMITTAL LETTER

Division of Corporations
SUBJECT: C.W. STN'KKLAN, INC. STate General Contractor
DOCUMENT NUMBER: V68 967
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
MicHACL MArtin (Name of Person)
(Name of Firm/Company)
6760 NW 1384 PL (Address)
Chief (Mp FC 32626 (City/State and Zip Code)
For further information concerning this matter, please call:
Michael Marsh at (352) 949 6593 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address:

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

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I	Kerry Mc (nty/n hereby resign as	PD (Title)	
of_	C.W. STRICKLEND.INC. State General	Contra	ctor_
	V 68 967, a corporation organized under the laws of (Document Number, if known)		
	FLORIDA		
	Signature of resigning officer/director)	2019 DEC 1 1 SECRE INIX הארר AHASSEI	
	FILING FEE IS \$35.00	PM 4: 4 f. of Start ce. filori	

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

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