

PO5000166544

(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:

Office Use Only



900099774499

05/03/07--01048--007 **35.00

APPROVAL
AND
FILED
07 MAY -3 AM 8:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Off Roanin

©. Gettato MAY 1 0 2007

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: LAWN JOCKEYS, INC.
(Name of Corporation)

DOCUMENT NUMBER: P05000166544

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

TIM LENNON
(Name of Person)

LAWN JOCKEYS, INC.
(Name of Firm/Company)

664 SE DEGAN DRIVE
(Address)

PORT ST LUCIE, FL 34983
(City/State and Zip Code)

For further information concerning this matter, please call:

ANGELA LENNON at (772) 370-9625
(Name of Person) (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


**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, MICHAEL R MARINO, hereby resign as DIRECTOR
(Title)

of LAWN JOCKEYS, INC.
(Name of Corporation)

P05000166544, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA


(Signature of resigning officer/director)

PROV. AND FILED
07 MAY -3 AM 8:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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