P09000081164

(Requestor's Name)	
(Address)	
(Address)	
(1	
(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



400181655854

06/07/10--01012--006 **35.00

My 1ew Resign

10 JUN -7 PM 12: 03

COVER LETTER

Picture Perfect Lawn Specialists Inc. (Name of Corporation) p09000081164 **DOCUMENT NUMBER:** The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Burton L. Pinkerton Jr. (Name of Person) Picture Perfect Lawn Specialists Inc. (Name of Firm/Company) 7130 S.E. 122nd L.N. (Address) Belleview, FL 34420 (City/State and Zip Code) For further information concerning this matter, please call: Burton L. Pinkerton Jr. (Area Code & Daytime Telephone Number) (Name of Person) Enclosed is a check for \$35.00 made payable to the Florida Department of State. Street Address:
Amendment Section Mailing Address: Amendment Section

Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

TO:

Amendment Section Division of Corporations

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION



Nicholas Whitehead	, hereby resign as Co-Owner
· · · · · · · · · · · · · · · · · · ·	(Title)
$_{ m of}$ Picture Perfect Lawn Special	ists Inc.
	ne of Corporation)
p09000081164 (Document Number, if known)	, a corporation organized under the laws of the State of
Florida	·
	·
	(Signature of resigning officer/director)

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