341074

(Requesto	or's Name)
(Address)	
(Address)	
(City/State	e/Zip/Phone #}
PICK-UP	WAIT MAIL
(Business	Entity Name)
(Documen	nt Number)
Certified Copies	Certificates of Status
Special Instructions to Filing	Officer:

Office Use Only



800042346648



as off die

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: LaGrow Systems, Inc. (Name of Corporation)
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:
Ruth L. LaGrow (Name of Person)
LaGrow Systems, Inc. (Name of Firm/Company)
Post Office Box 1024 (Address)
Lake Placid, Florida 33862 (City/State and Zip Code)
For further information concerning this matter, please call:
Ruth L. LaGrow at (863) 465-4700 (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 409 E. Gaines Street Tallahassee, FL 32399

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

Randall C. Ludwig	, hereby resign as Vice-President	
	(Title)	
LaGrow Systems, Inc	Ç	.,
(Name of C	Corporation)	
	a corporation organized under the laws of the State of	
(Document Number, if known)	d., 0	
,		
Florida	TO S	i
		e seneri
		ğ ees
	MP // I))
andles	nature of resigning officer/director)	=
) · (Gigin	intitie of realizating office and	

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