847200

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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TRANSMITTAL LETTER

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TO: Amer Divis	ndment Section ion of Corporations		
SUBJECT: L	EWIS TREE SERVICE, INC.		
		(Name of Corpo	oration)
DOCUMEN	T NUMBER: 847200		
The enclosed	Officer/Director Resignation	for a Corporation	on and fee are submitted for filing.
Please return	all correspondence concerning	this matter to	the following:
JEFFREY A. K	YLES		
	(Name of Person)		_
Lewis Tree Se	rvice, Inc.		
· · · · · · · · · · · · · · · · · · ·	(Name of Firm/Company)		_
300 LUCIUS G	ORDON DR.		
	(Address)		_
WEST HENRIE	ETTA, NY 14586		
	(City/State and Zip Code)	_	_
For further inf	formation concerning this mat	ter, please call:	
JEFFREY A KY	/LES	585	571-1226
	(Name of Person)	(Area Coo	571-1226) Je & Daytime Telephone Number)
Enclosed is a	check for \$35.00 made payabl	e to the Florida	Department of State.
Mailing	Address:	Street A	Address:
		Iment Section	
	on of Corporations		on of Corporations
	ox 6327		entre of Tallahassee
Tallaha	assee, FL 32314		N. Monroe Street, Suite 810 assee, FL 32303



November 14, 2020

JEFFREY A. KYLES 300 LUCIUS GORDON DR WEST HENRIETTA, NY 14586

SUBJECT: LEWIS TREE SERVICE, INC.

Ref. Number: 847200

We have received your document for LEWIS TREE SERVICE, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 720A00022859

Irene Albritton Regulatory Specialist II

www.sunbiz.org

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

LEWIS TREE SERVICE	(Name of Corporation)
847200	, a corporation organized under the laws of the State of
(Document Number, if kno	wn)
NEW YORK	
· -	 ·
	(Signature of resigning of the 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