

G66033

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

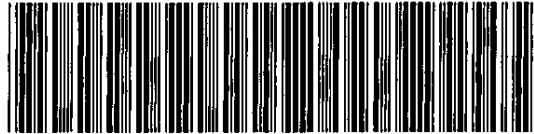
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OA / Del Resign

T. Roberts JUN 07 2006

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06 JUN - 1 AM 11:20

FILED

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ALL SEASONS LANDSCAPE CONTRACTORS INC
(Name of Corporation)

DOCUMENT NUMBER: G66033

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

Please return all correspondence concerning this matter to the following:

RANDI L RAAEN

(Name of Person)

RANDI L RAAEN CPA PA

(Name of Firm/Company)

4109 S MACDILL AVE

(Address)

TAMPA, FL 33611

(City/State and Zip Code)

For further information concerning this matter, please call:

RANDI L RAAEN CPA

(Name of Person)

at (813) 837-6877

(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**

**FILED
06 JUN -1 AM 11:20**

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

I, HOLLY W TAYLOR, hereby resign as DP
(Title)

of ALL SEASONS LANDSCAPE CONTRACTORS, INC.
(Name of Corporation)

G66033, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA

✓
Shelly W. Taylor
(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