(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:		





300305135243

11/03/17--01020--003 \***\***\$5.00

R. WHITE

**BOV** - 6 2017

## TRANSMITTAL LETTER

Ł

TO: Amendment Section Division of Corpor	
	ND SON LANDSCAPING CORP (Name of Corporation)
DOCUMENT NUMBER	. <u>G99097</u>
The enclosed Officer/Direct	ctor Resignation for a Corporation and fee are submitted for filing.
Please return all correspon	dence concerning this matter to the following:
YORDANKA F	RIVERO
(Nar	ne of Person)
(Name o	f Firm/Company)
1066 NW 16 S	STREET
	Address)
<b>HOMESTEAD</b>	FL 33030
(City/St	ate and Zip Code)
For further information co	neerning this matter, please call:
YORDANKA F	RIVERO at (772 )675-0870 (Area Code & Daytime Telephone Number)
(Name of Po	erson) (Area Code & Daytime Telephone Number)
Enclosed is a check for \$3	5.00 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 2661 Executive Center Circle Tallahassee, FL 32301

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, YORDANKA RIVERO , hereby re	EXECUTIVE VICE PRESDIENT
	(Title)
of VILA AND SON LANDSCAPIN	G CORP
(Name of Corporation)	
(Document Number, if known), a corporation organ	nized under the laws of the State of
FLORIDA	
	:
Signature of resigning of	cer/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 17\_NOV-3-PH-4::02