H02119

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DIVISION OF CORPORATIONS

COVER LETTER

Amendment Section Division of Corporations

TO:

| SUBJECT: White Acres Nurse | ery, Inc. |
|--|--|
| SUBJECT: | (Name of Corporation) |
| DOCUMENT NUMBER: HO | 02119 |
| The enclosed Officer/Director Re | signation for a Corporation and fee are submitted for filing |
| Please return all correspondence | concerning this matter to the following: |
| Kathleen W. Linton | |
| (Name of Po | erson) |
| White Acres Nursery, Inc. | |
| (Name of Firm/ | Company) |
| 3752 Long Grove Lane | |
| (Addres | s) |
| Port Orange, FL 32129 | |
| (City/State and | Zip Code) |
| For further information concerning | ig this matter, please call: |
| Kathleen W. Linton | at (386) 767-6019 (Area Code & Daytime Telephone Number) |
| (Name of Person) | (Area Code & Daytime Telephone Number) |
| Enclosed is a check for \$35.00 m | ade 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

| I. Kathleen W. Linton | , hereby resign as | Corporate Secretary | |
|------------------------------------|---------------------------------------|-------------------------------|---|
| 7 | | (Title) | |
| of White Acres Nursery, Inc. | e of Corporation) | | ···································· |
| H02119 (Document Number, if known) | , a corporation organized ur | nder the laws of the State of | • |
| Florida | | | |
| Hallen | Signature of resigning officer/direct | | I H H I I TIM 90 SECRETARY OF STATEMENT OF CAMPORA |
| | FILING FEE IS \$35.00 | | 8 35 5 |

Make checks payable to Florida Department of State and mail to:

Amendment Section **Division of Corporations** P.O. Box 6327 Tallahassee, Florida 32314