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(Re	equestor's Name)	- <u> </u>				
(Ad	dress)					
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(Cit	ty/State/Zip/Phone	e #)				
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TO:	Amendment Section
	Division of Corporations

SUBJECT: The Meadows Maintenance
(Name of Corporation)
DOCUMENT NUMBER: N 960000349
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Proxance Gilliberti (Name of Person)
Cash Group (Name of Firm/Company)
12270 Sw 3rd St. Suite 200
Plantation, F1. 33325 (City/State and Zip Code)
For further information concerning this matter, please call:
Janet Meding at (954) 330-5500 (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

I, Proxan	ne Gillia	<u>√</u> ,,	hereby resign as_	Secreto	Title)	
of The	Mea box (Na	me of Corporation)	ntengno	e Associ	iation	y Inc.
N96000C (Document N	Number, if known)			der the laws of the		
Florida	œ.	·				
	Loxan	(Signature of res	Latitude gring officer/direct	ur)	SECRETARY OF STA	F制 医D 10 DEC 28 PM 3: W

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