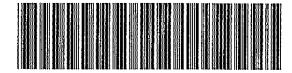
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(Requestor's Name)	_
(Address)	_
(Address)	
(City/State/Zip/Phone #)	_
PICK-UP WAIT MAIL	
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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporation	ns .
SUBJECT: Allen Brothers F	oliage, Inc.
	(Name of Corporation)
DOCUMENT NUMBER:	P0000001855
The enclosed Officer/Director I	Resignation for a Corporation and fee are submitted for filing
Please return all correspondenc	e concerning this matter to the following:
Michael Allen	
(Name of	Person)
Allen Brothers Foliage, Inc.	
(Name of Fire	n/Company)
7905 SW 165th Street	
(Addr	ess)
Miami, FL 33157	
(City/State an	d Zip Code)
For further information concern	ing this matter, please call:
Michael Allen	at (305) 245-2572 (Area Code & Daytime Telephone Number)
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00	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 409 E. Gaines Street Tallahassee, FL 32399

TO:

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

₩ 55,20

John Allen	hereby resign as	VP, Treasur	er, and D	irecto	or
15 <u></u>	Hereby resign as	(Title)			
of Allen Brothers Foliage, Inc.		mtt + ti	*		_
(Name of Co	orporation)				_,
P0000001855 ,a (Document Number, if known)	corporation organized un	nder the laws o	f the State	of	
Florida			\mathbf{z}_c	_	
(Signa	Sahw Ullen ture of resigning officer/direct	ctor)	LCKETARY OF STATE LLAHASSEE. FLORIDA	04 OCT -5 PM 12: 37	

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
Taliahassee, Florida 32314