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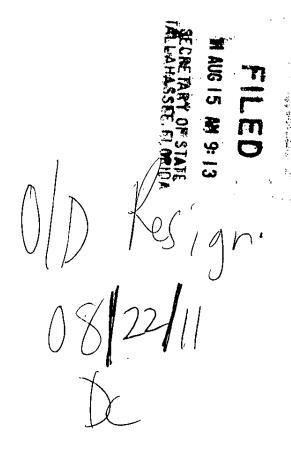
questor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
☐ WAIT	MAIL			
(Business Entity Name)				
(Document Number)				
_ Certificates	s of Status			
Special Instructions to Filing Officer:				
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COVER LETTER

то:	Amendment Section Division of Corporations
SUBJ	TECT: FELLER LANDSCAPE CARE, INC. (Name of Corporation)
DOC	UMENT NUMBER: POVOCOSO \ \ \ 3
The er	nclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please	e return all correspondence concerning this matter to the following:
	Name of Person)
ŧ	(Name of Firm/Company)
	(Name of Firm/Company)
<u> </u>	(Address)
	(Address)
S	City/State and Zip Code)
	(City/State and Zip Code)
For fu	rther information concerning this matter, please call:
	(Name of Person) at (954) 741-4442 (Area Code & Daytime Telephone Number)
Enclos	sed is a check for \$35.00 made payable to the Florida Department of State.
Division Clifton 2661 E	Mailing Address: Amendment Section On of Corporations Division of Corporations Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, DAVID	P. DELLA - PIETRA, hereby resign a	B PRESIDENT
		(Title)
of	FELLER LANDSCAPE CARE INC. (Name of Corporation)	,
PO 1 CT	a corporation organized ent Number, if known)	under the laws of the State of
FLORI	AA	
	(Signature of resigning officer/dir	ACLAHASSITE FLORI

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