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SECRETARY OF STATE A
TALLAHASSEE, FLORIDA
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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Rogers CondScaping Supplies, Inc.
(Named of Corporation)

DOCUMENT NUMBER: PO 1000 10549

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Cathy Rocers

(Name of Person)

Rogers (and s coping Supplies It.

(Name of Firm/Company)

Po Poox 835

(Address)

(City/State and Zip Code)

For further information concerning this matter, please call:

ONAME of Person) at (813) 949-8339 (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



FLORIDA DEPARTMENT OF STATE Division of Corporations

RECEIVED 10 OCT -6 AM 8: 00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

September 28, 2010

CATHY ROGERS ROGERS LANDSCAPING SUPPLIES INC. P.O. BOX 835 LUTZ, FL 33548



SUBJECT: ROGERS LANDSCAPING SUPPLIES INC.

Ref. Number: P01000105499

We have received your document for ROGERS LANDSCAPING SUPPLIES INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

There is NO document attached.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton Regulatory Specialist II

Letter Number: 710A00023035

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I,	Glenn R	ogens	, hereby resig	n as <u>Vico</u>	President
of	Progers	(Name of Corp	Capins oration)	Suppl	igs, The,
R	Document Number, if know	9 <u>9</u> , a co	orporation organize	ed under the law	s of the State of
	Florida				

(Signature of resigning officer/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 TALEAHASSEE, FLORIDA