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PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificates	s of Status			
Special Instructions to Filing Officer:					
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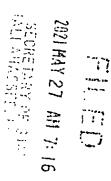
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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations	
Paradise Palms Wholesale Nursery.	Inc.
300at.C1	(Name of Corporation)
DOCUMENT NUMBER:	
The enclosed Officer/Director Resignation	for a Corporation and fee are submitted for filing
Please return all correspondence concerning	g this matter to the following:
Kathiyn Drouin	
(Name of Person)	
Paradise Palms Who (Name of Firm/Company)	lesale Nursery, Inc
3050 57th St N (Address)	
St Petersburg Fl (City/State and Zip Code)	33709
For further information concerning this ma	tter, please call:
Kathryn Drouin	727 688-5991 at (
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payab	de 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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810
variatiosecc. (47,525,17)	Tallahassee, FL 32303

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

	Kathryn Drouin	Vice President (Title)	
٠			(Tide)
of	Paradise Palms Wholesale Nursery, I	ne.	
	(Nai	me of Corporation)	
	(Document Number, if known)	_ , a corporation organized under t	he laws of the State of
F	Torida		

(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