

PO2000038982

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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DO

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** PREMIUM LAWN SERVICES  
(Name of Corporation)

**DOCUMENT NUMBER:** PD2000038982

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

Please return all correspondence concerning this matter to the following:

ARLET SILVA  
(Name of Person)

PREMIUM LAWN SERVICES  
(Name of Firm/Company)

5438 NW 48 ST  
(Address)

COCONUT CREEK FL 33073  
(City/State and Zip Code)

For further information concerning this matter, please call:

ARLET SILVA at ( 561 ) 929 0965  
(Name of Person) (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, ARLET SILVA, hereby resign as VP, S  
(Title)

of PREMIUM LAWN SERVICES  
(Name of Corporation)

P02000038982, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA

Arlet Silva  
(Signature of resigning officer/director)

**FILED**  
**07 NOV 13 PM 3:06**  
**SECRETARY OF STATE**  
**TALLAHASSEE FLORIDA**

**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