## 102000081404

(Re	equestor's Name)	
(Ac	idress)	
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(Ci	ty/State/Zip/Phone	#)
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BUNETARY OF STATE

Old Resign.

Mm.

Resign.

## TRANSMITTAL LETTER

SUBJECT: CROP & DROP OF SOUTH FLORIDA INC (Name of Corporation) P02000081404 DOCUMENT NUMBER: The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following: MICHELE J SCHUCHMANN (Name of Person) **ROY & HUGHES PA** (Name of Firm/Company) 2631 E OAKLAND PARK BLVD #109 (Address) FT. LAUDERDALE, FL 33306 (City/State and Zip Code) For further information concerning this matter, please call: MICHELE SCHUCHMANN at ( 954 ) 564-4568 (Area Code & Daytime Telephone Number) (Name of Person) Enclosed is a check for \$35.00 made payable to the Florida Department of State. Mailing Address: Street Address: Amendment Section Division of Corporations P.O. Box 6327 Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32314 Tallahassec, FL 32399

Amendment Section

Division of Corporations

TO:

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, ILEANA PETITI	hereby resign as SECRETARY	Title)
of CROP & DROP OF SOUT	H FLORIDA, INC.	· · · · · · · · · · · · · · · · · · ·
P02000081404  (Document Number, if known)	, a corporation organized under the laws of the	ne State of
FLORIDA		
Done?	(Signature of resigning officer/director)	FILED  03 NOV 20 AM 9: 31  ECRETARY OF STATI

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