P03000032152

(Re	equestor's Name)	
(Ad	idress)	
(Ad	ddress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	ne)
•	•	•
(Do	ocument Number)	-
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Tru Scape Landscape Services, Inc. (Name of Corporation) DOCUMENT NUMBER: P0300032152
DOCUMENT NUMBER: 1000000000000000000000000000000000000
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Tawes A. Lose (Name of Person)
Trus Cape Lands Cape Services, Inc. (Name of Firm/Company)
3800 Springsille Dr. (Address)
ESTCro, FC 33928 (City/State and Zip Code)
For further information concerning this matter, please call:
Tames Rose at (239) 289-8500 (Name of Person) at (239) Daytime Telephone Number)
England is a sheek for \$25.00 made payable to the Florida Department of State

Enclosed is a check for \$35.00 made payable 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
409 E. Gaines Street
Tallahassee, FL 32399

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, Joselito Galarza hereby resign as president	_
of Tru Scape Lands cape Services Inc. (Name of Corporation) For &	
PO3 0000 3 2157, a corporation organized under the laws of the State of (Document Number, if known)	T
Florida SECTION &	
	5
(Signature of resigning officer/director)	

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section Dívision of Corporations P.O. Box 6327 Tallahassee, Florida 32314