## P0300004075

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nan	ne)
(Doc	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to F	Filing Officer:	
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FILED

OS NOV 14 AM ID: OO

ALLIANASSEE, FLORIDA

## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: SURFSIDE LANDSCAPE AND DESIGN, INC. (Name of Corporation)
DOCUMENT NUMBER: <u>P0300064075</u>
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
VEFF LEPPARD (Name of Person)
(Name of Firm/Company)
2485 JEN DRIVE #5 (Address)
MELBOURNE, FL 32940 (City/State and Zip Code)
For further information concerning this matter, please call:
JEFF LEPPARD at (321) 427-6292 (Name of Person) (Area Code & Daytime Telephone Number)
(Alea Code & Dayante Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, DAVID HAFER	, hereby resign as_	OFFICER
		(Title)
of SURFSIDE LAND.	SCAPE AND DE	SIGN, INC.
Po3000 @ 64075 (Document Number, if known)	_, a corporation organized und	der the laws of the State of
FLORIDA	_•	
(Si	gnature of resigning officer/direct	Or)
FI	ILING FEE IS \$35.00	OS NOV 14 MIO. 00 FILED MIO. 00

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

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