

P03000070248

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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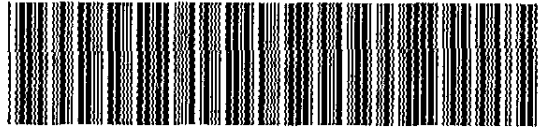
(Business Entity Name)

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: PETAL'S CARE INC
(Name of Corporation)

DOCUMENT NUMBER: 703000070248.

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

Please return all correspondence concerning this matter to the following:

TREVOR LEE
(Name of Person)

PETAL'S CARE INC
(Name of Firm/Company)

115 NE 132 TERRACE
(Address)

Miami FLA. 33161
(City/State and Zip Code)

For further information concerning this matter, please call:

TREVOR LEE at (305) 685.0011 or 305.625.4414
(Name of Person) (Area Code & Daytime Telephone Number)

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, JOAN O. LEE, hereby resign as PRESIDENT
(Title)

of PETAL'S CARE INC.
(Name of Corporation)

PO3000070248, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA


(Signature of resigning officer/director)

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04 JUL 26 AM 9:27
CLERK 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