

Do3000/48101

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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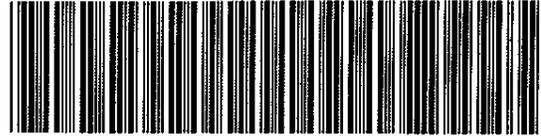
(Business Entity Name)

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: NEWVISIONS FULL SERVICE NURSERY, INC
(Name of Corporation)

DOCUMENT NUMBER: P03000148101

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

Please return all correspondence concerning this matter to the following:

MICHAEL COLE
(Name of Person)

NEWVISIONS FULL SERVICE NURSERY, INC
(Name of Firm/Company)

1861 N. HARBOR CITY BLVD
(Address)

MELBOURNE, FL 32935
(City/State and Zip Code)

For further information concerning this matter, please call:

MICHAEL COLE at (321) 626-9507
(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, CHRIS COLE, hereby resign as VICE PRESIDENT
(Title)

of NEWVISIONS FULL SERVICE NURSERY, INC
(Name of Corporation)

PO3000148101, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA


(Signature of resigning officer/director)

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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