

P04 000004646

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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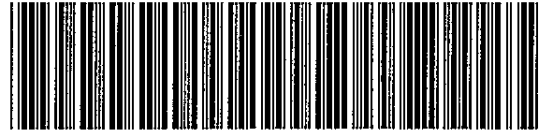
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

06 JAN -4 AM 10:06

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** SOUTHERN ACRES NURSERY, INC.  
\_\_\_\_\_  
(Name of Corporation)

**DOCUMENT NUMBER:** P04000004646  
\_\_\_\_\_

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.  
Please return all correspondence concerning this matter to the following:

THOMAS J. RUSTICI  
\_\_\_\_\_  
(Name of Person)

SOUTHERN ACRES NURSERY, INC.  
\_\_\_\_\_  
(Name of Firm/Company)

5085 SR 16  
\_\_\_\_\_  
(Address)

St. Augustine FL 32092  
\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

THOMAS J. RUSTICI at (904) 940-3356  
\_\_\_\_\_  
(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**

FILED  
06 JAN -4 AM 10:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

I, ROBERT D. RUSTICI, hereby resign as DIRECTOR  
(Title)

of SOUTHERN ACRES NURSERY, INC.  
(Name of Corporation)

P04000004646, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA

Robert D Rustici  
(Signature of resigning officer/director)

**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