P040000 29699

(Re	questor's Name)	
(Ad	idress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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01/18/05--01041--008 **35.00



TRANSMITTAL LETTER

Division of Corporations
SUBJECT: ABOLANDSCAPING MAINTENAMULE (Name of Corporation)
DOCUMENT NUMBER: D4DDDDDQG99.
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
MAMISE ADRIEN (Name of Person)
Self
(Name of Firm/Company)
850 IVES DAIRY Rol
MMIAM BCh. H. 331 (City/State and Zip Code)
For further information concerning this matter, please call:
MANUSE AURIEN at (305) 653-3225 (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

TO: Amendment Section

Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

Į,	MAMSE ADRIEN, hereby resign as VI Co + Prosident
of,	ABO LANDSCAPING MAINTENANCE TO
PD	4000029699, a corporation organized under the laws of the State of (Document Number, if known)
	LORIDA ZES
	(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