

PD40000085100

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000081799960

12/13/06--01029--020 **35.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 DEC 13 PM 12:54

DD/Res
@ 12.14.06

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: DELABRA'S SOD INC
(Name of Corporation)

DOCUMENT NUMBER: P04000085160

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

Please return all correspondence concerning this matter to the following:

LEOCADIA LABRA

(Name of Person)

DELABRA'S SOD INC

(Name of Firm/Company)

5734 LAGO VILLAGIO WAY

(Address)

NAPLES, FL, 34104

(City/State and Zip Code)

For further information concerning this matter, please call:

LEOCADIA LABRA

(Name of Person)

at (239) 465-9951

(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, GERONIMO DE LEON, hereby resign as SECRETARY
(Title)

of DELABRA'S SOD, INC.,
(Name of Corporation)

P04000085160, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA.

Geronimo De Leon
(Signature of resigning officer/director)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 DEC 13 PM 12:54

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