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T. Roberts JUL TIVING

COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: BRYAN'S LAWN & SHE	RUB CARE INC ,
SUBJECT	(Name of Corporation)
DOCUMENT NUMBER: P040000	096950
The enclosed Officer/Director Resignation	on for a Corporation and fee are submitted for filing.
Please return all correspondence concern	ning this matter to the following:
DAVID STRONG	
(Name of Person)	
QUALITY FINANCIAL SERVICES	INC
(Name of Firm/Compa	ny)
209 DUNLAWTON AVE SUITE 14	
(Address)	
PORT ORANGE, FL 32127	
(City/State and Zip Co	de)
For further information concerning this	matter, please call:
DAVID STRONG	at (386) 761-7855 (Area Code & Daytime Telephone Number)
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made page	yable to the Florida Department of State.
Amendment Section Arr Division of Corporations Di Clifton Building Po	ailing Address: mendment Section vision of Corporations est Office Box 6327 allahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

SUL SUMOS TO ST. ST. Secretary, Treasurer **DEANNA PARKS** , hereby resign as (Title) BRYAN'S LAWN & SHRUB CARE INC . (Name of Corporation) P04000096950 , a corporation organized under the laws of the State of (Document Number, if known) **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