P04000136470

| • | | |
|---|-----------------|--------------|
| (Requ | uestor's Name) | |
| | | |
| (Addr | ess) | |
| (Addr | 000) | |
| (Addi | ess) | |
| (City/ | State/Zip/Phone | e #) |
| , , | • | • |
| PICK-UP | MAIT | MAIL |
| | | |
| (Busi | ness Entity Nan | ne) |
| | | |
| (Docu | iment Number) | |
| | | |
| Certified Copies Certificates of Status | | |
| | | |
| Special Instructions to Fil | ing Officer: | |
| | | |
| | | |
| | | f. |
| | | |
| | | |
| | | |

Office Use Only



300043026493

12/06/04--01021--002 **35.00

04 DEC -6 PM 12: 05
SECRETARY OF STATE
NOT A HASSEF FLORID

J/D Resign. 12/17/04 DC FILEO

COVER LETTER

| TO: Amendment Section Division of Corporations | | | |
|--|--|--|--|
| SUBJECT: Florida Gulf Coast Landscape, Inc. (Name of corporation) | | | |
| DOCUMENT NUMBER: P04000 13 6470 | | | |
| The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing. | | | |
| Please return all correspondence concerning this matter to the following: | | | |
| Lora Andrews (Name of contact person) | | | |
| Florida Gulf Coast Landscape, Inc. (Firm/Company) | | | |
| 456 Park Trace Blvd. (Address) | | | |
| OSPRY FL 34229 (City/state and zip code) | | | |
| For further information concerning this matter, please call: | | | |
| Lora Andrews at (941) 966-1016 (Name of contact person) (Area code & daytime telephone number) | | | |
| Enclosed is a \$35.00 check made payable to the Department of State. | | | |

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

| 1, Larry C Blanto | n, Jv., hereby resign as F | President (Title) |
|-----------------------------|---------------------------------|--------------------------|
| of Florida Gulf | Coast Landscape | Inc. |
| (Document Number, if known) | , a corporation organized under | the laws of the State of |
| Morida | | |
| | 01 5 | SLCF TALLY |

(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