P05000011209

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

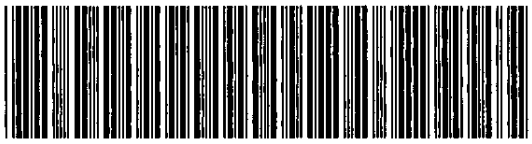
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300295952433

02/27/17--01015--021 **35.00

FILED
2017 FEB 27 PM 12:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OD/Res.

MAR 1 - 2017

I ALBRITTON

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Southern Care Lawns Inc
(Name of Corporation)

DOCUMENT NUMBER: P05000011209

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

Please return all correspondence concerning this matter to the following:

Barbara Holley
(Name of Person)

Southern Care Lawns, Inc
(Name of Firm/Company)

P.O Box 57
(Address)

Tarpon Springs, FL 34688
(City/State and Zip Code)

For further information concerning this matter, please call:

Barbara Holley at (727) 849-2700
(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

Street Address:
Amendment Section
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

CR2E044 (05/13)

OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION

I, Michael S. Noblin hereby resign as Co-President (Title)

of Southern Care Lawns Inc (Name of Corporation),

P05000011209 (Document Number, if known), a corporation organized under the laws of the State of Florida.

Michael S. Noblin
(Signature of resigning officer/director)

FILED
2017 FEB 27 PM 12:38
SECRETARY OF STATE
TALLAHASSEE, 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