## P05000017920

•	
(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:	
Special instructions to Filing Officer.	
·	

Office Use Only



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## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: Extreme Lawn Care, Inc. (Name of Corporation)
DOCUMENT NUMBER: <u>105000017920</u>
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
hobert Gonzalez (Name of Person)
Extreme Lawn Care, Inc. (Name of Firm/Company)
205 Oak Grove St (Address)
Ormand Beach, FL 32176 (City/State and Zip Code)
For further information concerning this matter, please call:
Robert Gonzale 2 at (386) 451-5183 (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

1, Jennifer Gonzalez, hereby resig	m as Officer/director
of Extremelaun Care, Inc.	,
(Document Number, if known), a corporation organize	ed under the laws of the State of-
Florida.	SECAL ALLA
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## 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