

POS000136471

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

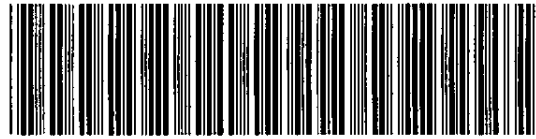
(Business Entity Name)

(Document Number)

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TALLAHASSEE FLORIDA

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** ART NURSERY INC  
(Name of Corporation)

**DOCUMENT NUMBER:** P05000136471

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

Please return all correspondence concerning this matter to the following:

DALE WEST  
(Name of Person)

ART NURSERY INC  
(Name of Firm/Company)

20255 BILL COLLINS RD  
(Address)

EVSTIS FL 32736  
(City/State and Zip Code)

For further information concerning this matter, please call:

DALE WEST at ( 352 ) 989-7757  
(Name of Person) (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, DALE WEST, hereby resign as VPS  
(Title)

of ART NURSERY INC.  
(Name of Corporation)

P05000136471, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA

  
(Signature of resigning officer/director)

**FILING FEE IS \$35.00**

**FILED**  
**09 SEP -2 AM 11:06**  
**SECRETARY OF STATE**  
**TALLAHASSEE FLORIDA**

**Make checks payable to Florida Department of State and mail to:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314