

P05000167756

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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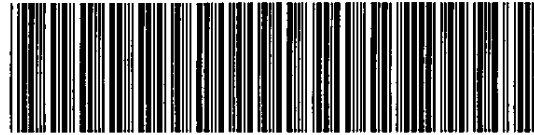
(Business Entity Name)

(Document Number)

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06 OCT 24 PM 3:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Roberts OCT 25 2006

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: New Leaf Lawn Care, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P05000167756

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

Please return all correspondence concerning this matter to the following:

Paul Schmieder

(Name of Person)

Computerized Accounting & Tax Specialist, Inc

(Name of Firm/Company)

2201 SW College Road Suite 5

(Address)

Ocala, FL 34474

(City/State and Zip Code)

For further information concerning this matter, please call:

Paul Schmieder

(Name of Person)

at (352) 368-2937

(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**

FILED
06 OCT 24 PM 3:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, Chiron M McDerment, hereby resign as Director
(Title)

of New Leaf Lawncare Inc
(Name of Corporation)

P05000167756, 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

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

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