

PO6000029351

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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MAIL

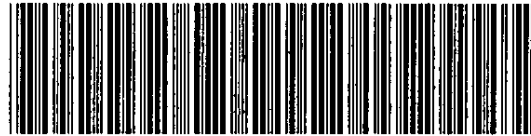
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

officer Resignation

TB

8/20/08

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: TEAM GRASS SOLUTIONS INC
(Name of Corporation)

DOCUMENT NUMBER: P06000029351

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

Please return all correspondence concerning this matter to the following:

CARLOS A. CUARTAS

(Name of Person)

TEAM GRASS SOLUTIONS INC

(Name of Firm/Company)

711 SW 148 AVE

(Address)

DAVIE, FL. 33325

(City/State and Zip Code)

For further information concerning this matter, please call:

CARLOS A. CUARTAS

(Name of Person)

at (954) 205-0716

(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

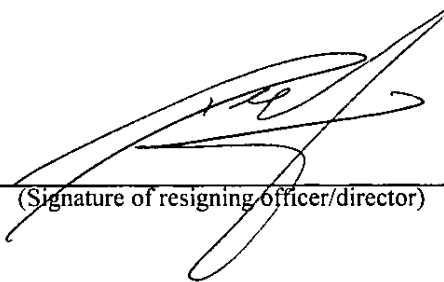
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, DANIEL F. ECHEVERRIA, hereby resign as VICEPRESIDENT
(Title)

of TEAM GRASS SOLUTIONS INC
(Name of Corporation)

P06000029351, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA


(Signature of resigning officer/director)

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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