

PD6000093/18

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

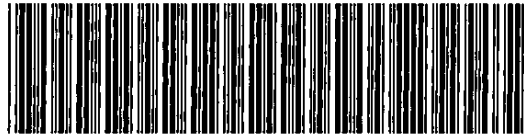
(Business Entity Name)

(Document Number)

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Dr / Dr Resign

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07 JUN 11 PM 12:09

CLERK OF STATE
TALLAHASSEE, FLORIDA

T. Roberts JUN 14 2007

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MACFARLANE QUALITY LAWN MAINTENANCE, INC ,
(Name of Corporation)

DOCUMENT NUMBER: P06000093118

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

Please return all correspondence concerning this matter to the following:

ROBERT JAMES MACFARLANE, JR

(Name of Person)

MACFARLANE QUALITY LAWN MAINTENANCE, INC

(Name of Firm/Company)

401 NW 200 AVE

(Address)

PEMBROKE PINES, FL 33029

(City/State and Zip Code)

For further information concerning this matter, please call:

ROBERT JAMES MACFARLANE, JR at (954) 274- 4493

(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**

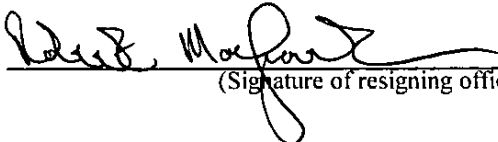
I, ROBERT JAMES MACFARLANE, JR, hereby resign as PARTNER
(Title)

of MACFARLANE QUALITY LAWN MAINTENANCE, INC .
(Name of Corporation)

P06000093118, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA

FILED
07 JUN 11 PM 12:09
SECRETARY OF STATE
TALLAHASSEE, 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