

PO6000110703

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

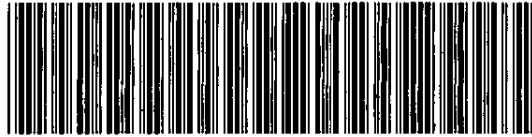
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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12/06/07--01016--023 \*\*35.00

07 DEC -6 PM 2:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

Officer Resign  
Cris Murphy  
12/7/07

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: LAS PALMAS NURSERY, INC.  
(Name of Corporation)

DOCUMENT NUMBER: PO6000110703

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

Please return all correspondence concerning this matter to the following:

MARTA FERIA  
(Name of Person)

CANALES & ASSOCIATES ACCOUNTING, INC.  
(Name of Firm/Company)

1800 W. 49 ST. SUITE 218  
(Address)

HIWALEAH FL. 33012  
(City/State and Zip Code)

For further information concerning this matter, please call:

MARTA FERIA at ( 305 ) 821-1076  
(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, Luis Garcia, hereby resign as Vice-President  
(Title)

of LAS PALMAS NURSERY, INC.  
(Name of Corporation)

PO6000110703, 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

**FILED**  
**07 DEC -6 PM 2:03**  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA