

P06000132046

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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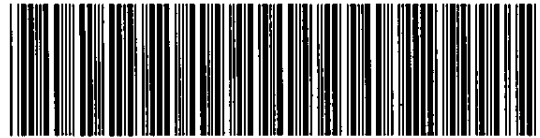
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

officer Resignation

TB

10/7/08

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: TH DREAM HOUSE NURSERY, INC.
(Name of Corporation)

DOCUMENT NUMBER: P06000132046

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

Please return all correspondence concerning this matter to the following:

I. Sun We, Esq.
(Name of Person)

I. SUN WE, P.A.
(Name of Firm/Company)

2699 Lee Road, Suite 485
(Address)

Winter Park, FL 32789
(City/State and Zip Code)

For further information concerning this matter, please call:

I. Sun We at (407) 629-8828
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

FILED
2008 SEP 29 PM 12:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, TAE HEE LEE, hereby resign as Director
(Title)

of TH DREAM HOUSE NURSERY, INC.
(Name of Corporation)

P06000132046, 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