## P07000088583

(Re	equestor's Name)	
(Ād	ldress)	
(Ad	ldress)	
· (Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Na	me)
(Document Number)		
Certified Copies	_ Certificate	s of Status
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Off Resign News 1-11-08

## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: MASTER LANDSCAPING & LAWN CARE INC (Name of Corporation)
DOCUMENT NUMBER: P07000088583
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
ARCADIO AVELLANEDA (Name of Person)
MASTER LANDSCAPING & LAWN CARE INC (Name of Firm/Company)
PO BOX 534
(Address)
PIERSON, FL 32180
(City/State and Zip Code)
For further information concerning this matter, please call:
ARCADIO AVELLANEDA at ( 386 ) 801–1689 (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

SECRETARY OF STATE

ALLAHASSEE, FLORIO

I, <u>EDUARDO</u> SALAS	, hereby resign as PRESIDENT
	(Title)
of <u>master landscaping &amp; Lawn c</u>	PARE INC.
	Corporation)
P07000088583	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