PD100095419

(Re	equestor's Name)	,
(Ad	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	: #)
PICK-UP	WAIT	MAIL
(Bu	ısiness Entity Nan	ne)
(Do	ocument Number)	· .
Certified Copies	Certificates	of Status
Special Instructions to Filing Officer:		

Office Use Only



300241392373

11/01/12--01019--005 **87.50

12 NOV - 1 PH 12: 2

RES 11/2/12

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Integrated Tree Care (Name of Corporation)
DOCUMENT NUMBER: P07 0000 954 19
The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Lawrence Boyle (Name of Person)
Integrated Tree Care (Name of Firm/Company)
(Name of Firm/Company)
12064 NW 49th Drive (Address)
(Address)
Coral Springs FL 33076 (City/State and Zip Gode)
(City/State and Zip Code)
For further information concerning this matter, please call:
Lawrence Boyle at (954) 325-2508 (Name of Person) (Area Code & Daytime Telephone Number)
(Name of Person) (Area Code & Daytime Telephone Number)
England is a sheek made naughle to the Floride Department of State for \$97.50 for an active a

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections our.	.0302(2), 617.0302(2), 607.1309, 6F 617.1309,
Florida Statutes, the undersigned,	Kenneth PeruinS (Name of Registered Agent)
hereby resigns as Registered Agent for	Integrated Tree Care Miname of Corporation)
P07000095419 (Document Number, if known)	
	ne above listed corporation at its last known address.
this statement is filed.	scontinued on the 31st day after the date on which nure of Resigning Agent)
If signing on behalf of an entity:	ped or Printed Name)
Rosigues Ag	(Capacity)

Fee for filing this document:

\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314