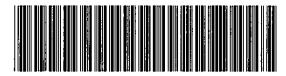
## P08000005437

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(City/State/Zip/Phone #)		
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## **COVER LETTER**

SUBJECT:\_\_Jim Jernigan Lawn Care, Inc. (Name of Corporation) P08000005437 **DOCUMENT NUMBER:** The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Susan Titour (Name of Person) Jim Jernigan Lawn Care, Inc. (Name of Firm/Company) P.O. Box 541159 (Address) Orlando, FL 32854-1159 (City/State and Zip Code) For further information concerning this matter, please call: Susan Titour (Name of Person) 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

Amendment Section Division of Corporations

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I. Susan Hour	, hereby resign as	
-7		(Title)
ofJim Jernigan Lawn Care, Inc		
(Nam	ne of Corporation)	
P0800005437 (Document Number, if known)	, a corporation organized under the law	s of the State of
Florida		•
	) / <del> </del>	7.3
Sur	an plour	# = 7
	(Signature of resigning officer/director)	
		<b>9</b>

**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