## P08000041730

(Re	questor's Name)	_
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	∋ #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



000136564910

.10/03/08--01008--022 \*\*35.00

PILED

08 OCT -3 AM IO: 27

o lour

## **COVER LETTER**

SUBJECT: LORENZO LAWN SI	(Name of Corporation)
DOCUMENT NUMBER: P080	00041730
The enclosed Officer/Director Resig	nation for a Corporation and fee are submitted for filing
Please return all correspondence con	cerning this matter to the following:
ENRIQUE LOPEZ-GONZALEZ	
(Name of Perso	on)
LORENZO LAWN SERVICE OF	PALM BEACH INC
(Name of Firm/Cor	npany)
2791 MELALEUCA DRIVE	
(Address)	
WEST PALM BEACH, FL 33406	3
(City/State and Zip	Code)
For further information concerning the	his matter, please call:
JOSE L LOPEZ	at ( 561 ) 255-5654
(Name of Person)	at ( 561 ) 255-5654 (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

TO:

Amendment Section Division of Corporations

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I. ENRIQUE LOPEZ-GONZALE	Z, hereby resign asVICE-PRESIDENT	
	(Title)	_
of_ LORENZO LAWN SERVICE		,
(Name	e of Corporation)	
P08000041730 (Document Number, if known)	a corporation organized under the laws of the State of	:
FLORIDA	OR OCT -3 AM IO: 27  ALL AHASSEE, 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