(Requ	uestor's Name)
· (Addi	ress)	
(Addı	ress)	
(City/	State/Zip/Phor	ne #) .
PICK-UP	WAIT	MAIL
(Busi	ness Entity Na	ame)
(Document Number)		
Certified Copies	Certificate	es of Status
Special Instructions to Filing Officer:		
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COVER LETTER

SUBJECT: PERSONAL TOUCH LAWN SERVICE 2 INC	<u>_</u>
(Name of Corporation) DOCUMENT NUMBER: P080000447973	
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:	
RAMIRO HERNANDEZ	
(Name of Person)	
PERSONAL TOUCH LAWN SERVICE 2 INC	
(Name of Firm/Company)	
1612 NE 17 STREET	
(Address)	
FORT LAUDERDALE FL 33305	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
RAMIRO HERNANDEZ at (954) 261-3672	
(Name of Person) at (954) 261-3672 (Area Code & Daytime Telephone Num	nber)
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, HERMELINDO MARQUEZ	, hereby resign as VP
	(Title)
of PERSONAL TOUCH LAWN S	SERVICE 2 INC
	e of Corporation)
P08000044973 (Document Number, if known)	, a corporation organized under the laws of the State of
FLORIDA	
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i Ar	

(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