P09000043457

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
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Misignaturn Of Officer

SECRETARY OF STATE

12/10

COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: Perfect Cut Lawn S	ervice of Fort Lauderdale, Inc.
SUBJECT: 1 on our cut Edwir o	(Name of Corporation)
POOLEN PROPERTY POO	000043457
DOCUMENT NUMBER: P09	
The enclosed Officer/Director Resi	gnation for a Corporation and fee are submitted for filing
Please return all correspondence co	oncerning this matter to the following:
John A. Conover	
(Name of Pers	son)
Perfect Cut Lawn Service of Fo	ort Lauderdale, Inc.
(Name of Firm/Co	ompany)
927 NW 135 Way	
(Address)	
Sunrise, FL 33325	
(City/State and Zi	p Code)
For further information concerning	this matter, please call:
John Conover	at (954) 914-9691 (Area Code & Daytime Telephone Number)
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made	le 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

Change of Address

Old Address:

5841 S.W. 117TH AVENUE

Cooper City, FL 33330

New Address:

927 NW 135 Way

Sunrise, FL 33325

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION SECOND SECOND

SECRETARY OF STATE FAULAHASSEE.FLORID!

_{I.} Bryan Leiman	, hereby resign as Director
-7	(Title)
of_Perfect Cut Lawn Service of Ft	
(Name	of Corporation)
P0900043457 (Document Number, if known)	_, a corporation organized under the laws of the State of
Florida	_ ·
	igrature 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