## P0900046985

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
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## **COVER LETTER**

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TO: Amendment Section Division of Corporations

SUBJECT: CENTER STATE TREES INC.
(Name of Corporation)
DOCUMENT NUMBER: P09000046985
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
JASON LYONS
(Name of Person)
CENTER STATE TREES INC
(Name of Firm/Company)
4320 W HWY 40
(Address)
OCALA FL 34482
(City/State and Zip Code)
For further information concerning this matter, please call:
JASON LYONS at ( 954 ) 557-5190 (Name of Person) (Area Code & Daytime Telephone Number)
(Name of Person) (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

· · · · CR2E044(08/05)

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, WILLIAM ANDERSON	, hereby resign as VP (Title)
of CENTER STATE TREES,INC · (Name of C	Corporation)
POOOOOAEORE	a corporation organized under the laws of the State of
71,1	AUG 29 AM
DATE 8/2	ature of resigning officer/director)  5/2011

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