P09000058485

(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	
(City	/State/Zip/Phone	e #)
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COVER LETTER

то:	Amendment Section Division of Corporations			
SUBJ	JECT: ADM LAWN SERVIC	ES INC.		
	(Name of Corporation)			
DOCUMENT NUMBER: P09000058485				
The e	enclosed Officer/Director Resign	nation for a Corporation and fee are submitted for filing		
Please	e return all correspondence cond	cerning this matter to the following:		
ADA	AM C MOORE			
	(Name of Perso	n)		
	(Name of Firm/Con	npany)		
3210	0 NW 94 TERRACE	•		
	(Address)			
SUN	NRISE, FL 33351			
	(City/State and Zip	Code)		
For fu	urther information concerning th	nis matter, please call:		
ADA	M C MOORE	at (954) 600-8294 (Area Code & Daytime Telephone Number)		
	(Name of Person)	(Area Code & Daytime Telephone Number)		
Enclo	osed is a check for \$35.00 made	payable to the Florida Department of State.		
Amen Divisi Clifto 2661	et Address: Indment Section Ission of Corporations In Building Executive Center Circle In hassee, FL 32301	Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314		

OFFICER / DIRECTOR RESIGNATION AND SOLE AND SOLE

L ADAM C MOORE	, hereby resign as OFFICER/DIRECTOR
·,	(Title)
of ADM LAWN SERVICES I	NC.
	Name of Corporation)
P09000058485 (Document Number, if known)	, a corporation organized under the laws of the State of
FLORIDA	

FILING FEE IS \$35.00

ture of resigning officer/director)

Make checks payable to Florida Department of State and mail to:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314