P09000093768

<u></u>
(Requestor's Name)
(Address)
(Address)
• •
(City/State/Zip/Phone #)
(Oity/State/Zip/Filone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entry Hame)
(Document Number)
Certified Copies Certificates of Status
Consideration to Ellino Office
Special Instructions to Filing Officer:

Office Use Only



500196974525

03/07/11--01050--001 **35.00

My Kew ho

FILED

11 MAR IO AMII: 55

SECRETARY OF STATE

173-10-11

COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: KEVIN NURSER	Y INC
	(Name of Corporation)
DOCUMENT NUMBER: P	09000093768
The enclosed Officer/Director R	esignation for a Corporation and fee are submitted for filing
Please return all correspondence	concerning this matter to the following:
ANA HERRERA	
(Name of	Person)
KEVIN NURSERY INC	
(Name of Firm	/Company)
15270 SW 297TH STREET	
(Addre	ess)
HOMESTEAD, FL 33033	
(City/State and	Zip Code)
For further information concerni	ing this matter, please call:
ANA HERRERA	at (786) 255-0558 (Area Code & Daytime Telephone Number)
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 n	nade payable to the Florida Department of State.
Street Address:	Mailing Address:
Amendment Section	Amendment Section
Division of Corporations Clifton Building	Division of Corporations Post Office Box 6327
Division of Corporations Clifton Building 2661 Executive Center Circle	Tallahassee, FL 32314
Tallahassee, FL 32301	•

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION



JUAN P CARTAGENA	, hereby resign as VP
*1	(Title)
of_KEVIN NURSERY INC	of Corporation)
P0900093768 (Document Number, if known)	_, a corporation organized under the laws of the State of
FLORIDA	 ∙
<u>.</u>	Dank.
(S	ignature 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