

P100000087894

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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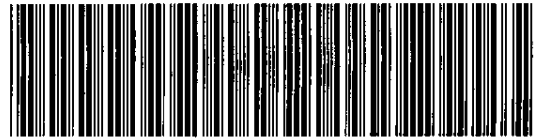
(Business Entity Name)

(Document Number)

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FILED
11 OCT 27 AM 10:46
SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: TWIN ANGELS LAWN CARE, INC
(Name of Corporation)

DOCUMENT NUMBER: P10000087894

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

STEPHANIE WALKER

(Name of Person)

TWIN ANGELS LAWN CARE INC

(Name of Firm/Company)

4318 MEADOW RIDGE COURT

(Address)

MULBERRY FL 33860

(City/State and Zip Code)

For further information concerning this matter, please call:

STEPHANIE WALKER

(Name of Person)

at (863) 286 8562

(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

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

FILED
11 OCT 27 AM 10:46
SECRETARY OF STATE
TALLAHASSEE FLORIDA

I, STEPHANIE WALKER, hereby resign as DIRECTOR
(Title)

of TWIN ANGELS LAWN CARE INC.
(Name of Corporation)

P10000087894, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA

Stephanie Walker
(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