911000028405

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

Office Use Only



700236604117

06/22/12--01007--018 **35.00

M/DW By



JUN 2 2 2012 T. ROBERTS

COVER LETTER

TO:	Amendment Section Division of Corporations
SUBJ	ECT: LAWN & SHRUB RX, INC
	(Name of Corporation)
DOC	UMENT NUMBER: P11000028405
The e	nclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please	e return all correspondence concerning this matter to the following:
CHF	RISTOPHER WARCOL
	(Name of Person)
LAW	/N & SHRUB RX, INC
	(Name of Firm/Company)
1468	B8 ESCALANTE WAY
	(Address)
вол	IITA SPRINGS, FLORIDA, 34135
	(City/State and Zip Code)
For fu	orther information concerning this matter, please call:
CHR	ISTOPHER WARCHOL at (239) 9940352
	ISTOPHER WARCHOL at (239) 9940352 (Name of Person) (Area Code & Daytime Telephone Number)
Enclo	sed is a check for \$35.00 made payable to the Florida Department of State.
Amen Divisi Clifto 2661	Mailing Address: dment Section on of Corporations n Building Executive Center Circle nassee, FL 32301 Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

TO:

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION



PHILLIP B SNEED	, hereby resign as PD (Title)
· · · · · · · · · · · · · · · · · · ·	(Title)
of LAWN & SHRUB RX, INC .	
(Name	e of Corporation)
P11000028405	, a corporation organized under the laws of the State of
(Document Number, if known)	
FLORIDA	
\bigcirc /	- 2 1

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