911000032433

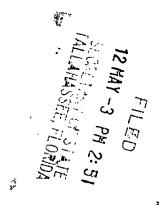
(Requestor's Name)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				





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COVER LETTER

SUBJECT: MR. SUNSCAPE PROPERTY MAINTENANCE, INC. (Name of Corporation)
DOCUMENT NUMBER: P//000032433
DOCUMENT NUMBER: 1 // 000 0 32 93 3
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
(Name of Person)
MR. SUNSCIPE PROPERTY MAINTENANCE IN. (Name of Firm/Company)
3953 SHAWN CIT (Address)
ORCANDO FC3326 (City/State and Zip Code)
For further information concerning this matter, please call:
ADAM LAWSON at (407) 970-13/7 (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

TO:

Amendment Section Division of Corporations

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, _	ADAM LAWSON	, hereby resign as_	VICE PRESIDENT (Title)
of_	MR. SUNSCAPE &	PROPERTY MAINTENANG me of Corporation)	ce, INC.
	P110000 33 433 (Document Number, if known) F(0210A	, a corporation organized und	ler the laws of the State of
		(Signature of resigning officer/director	-3 PM 2:51

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