P150000 17592

(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:		
Paly		





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10/18/21--01923--008 **35.00

FILED
2021 OCT 18 AM 10: 25
SECRETARY OF SECRETARY

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations	•
Canary Date Sculpting, I	NC. (dba, Canary Tree Service)
	(Name of Corporation)
DOCUMENT NUMBER: p15000	0017592
The enclosed Officer/Director Re	signation for a Corporation and fee are submitted for filing.
Please return all correspondence of	concerning this matter to the following:
Thomas Schmitt	
(Name of Pe	erson)
Canary Date Sculpting, INC	
(Name of Firm/0	Company)
4651 Salisbury Rd, Suite 400	
(Address	5)
Jacksonville, FL 32256	
(City/State and 2	Zip Code)
For further information concerning	g this matter, please call:
Thomas Schmitt	at (904) 662-2972 (Area Code & Daytime Telephone Number)
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 ma	ade payable to the Florida Department of State.
Mailing Address:	Street Address:
Amendment Section	Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION 2021 OCT 18 AM 10: 25

SECRETARY OF STATE TALLAHASSEE, FEMALE

Jaimie L. Hartmann I,	Vice-Ptresident hereby resign as	
	, nervey (esign as	(Title)
Canary Date Sculpting, INC		
•	(Name of Corporation)	
P15000017592 (Document Number, if known)	, a corporation organized under the laws of	of the State of
FL		
<u></u>	(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