(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nai	me)
(Do	ocument Number)
Certified Copies	Certificates of Status	
Special Instructions to Filing Officer:		

Office Use Only



01/09/15--01015--003 **35.00

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: North-cut Christmas Trees Inc. (Name of Corporation) DOCUMENT NUMBER: 99300054960
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
William C. Winkler (Name of Person)
(Name of Firm/Company)
18545 SW 8ZAVE (Address)
Miami, Fl 33157 (City/State and Zip Code)
For further information concerning this matter, please call:
William C. Winkler at (305) 710 - 2829 (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

15 JAN -9 PM 1:00

I, William C. Winkler, hereby resign as CED (Title)
•
of North-cut Christmas Trees Inc. (Name of Corporation)
(Document Number, if known), a corporation organized under the laws of the State of
FLORIDA
(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