P94000010006

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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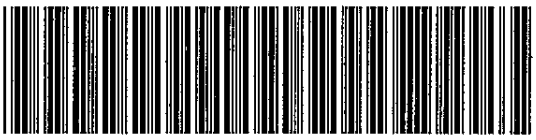

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03/04/04--01046--002 **35.00

FILED
04 MAR 10 PM 12:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

3/10/04

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: TREE MEDIC TREE SURGEONS, INC.
(Name of Corporation)

DOCUMENT NUMBER: _____

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

Please return all correspondence concerning this matter to the following:

EDWARD P. CONLON
(Name of Person)

TREE MEDIC TREE SURGEONS, INC.
(Name of Firm/Company)

6912 CYPRESS LAKE COURT
(Address)

ST. AUGUSTINE, FL 32086
(City/State and Zip Code)

For further information concerning this matter, please call:

DIANA CONLON at (904) 794-0003
(Name of Person) (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
409 E. Gaines Street
Tallahassee, FL 32399

OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION

I, DIANA M. CONLON, hereby resign as SECRETARY/TREASURER
(Title)

of TREE MEDIC TREE SURGEONS, INC.,
(Name of Corporation)

P94000071006, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA.

Diana Conlon
(Signature of resigning officer/director)

FILED
04 MAR 10 PM 12:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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