

P95000021007

(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

30309



200145913802

03/20/09--01008--021 \*\*35.00

FILED

2009 MAR 20 PM 1:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

off pay

SS

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** DECO SCAPES, INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** P 95000021007

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

Please return all correspondence concerning this matter to the following:

SHAWN E OMAR  
(Name of Person)

DECO SCAPES INC  
(Name of Firm/Company)

5142 GARFIELD RD  
(Address)

DELRAY BEACH FL 33484  
(City/State and Zip Code)

For further information concerning this matter, please call:

SHAWN OMAR at (954) 214-4048  
(Name of Person) (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

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, PAMELA A MEYERS OMAR, hereby resign as VP & REGISTERED AGENT  
(Title)

of DECO SCAPES INC,  
(Name of Corporation)

P95000021007, a corporation organized under the laws of the State of  
(Document Number, if known)  
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

**FILED**  
2009 MAR 20 PM 1:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA