(Re	questor's Name)	
(Ad	dress)	
•		
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
•	•	

Office Use Only



000137986240

00 09 gcc 11/20/08-01007--004 **35.00

COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: Summer Breeze La	awn Care. Inc.
SUBJECT:	(Name of Corporation)
DOCUMENT NUMBER: P98	5000037897
The enclosed Officer/Director Res	ignation for a Corporation and fee are submitted for filing.
Please return all correspondence co	oncerning this matter to the following:
Brian Richardson	
(Name of Per	rson)
Summer Breeze Lawn Care, la	nc.
(Name of Firm/C	ompany)
1738 W. Perdiz St.	
(Address	
Tampa, FL 33612	
(City/State and Z	ip Code)
For further information concerning	this matter, please call:
Brian Richardson	at (813) 760-6438 (Area Code & Daytime Telephone Number)
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 ma	de 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



Virginia Richardson	_, hereby resign as_	Secretary/Treasurer
7,	_,	(Title)
of Summer Breeze Lawn Care, Inc.	·	
(Name of Corporati	on)	
P95000037897, a corpo	ration organized un	der the laws of the State of
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