## P96000058248

(Requestor's Name)
(Address)
(Address)
,
(City/State/Zip/Phone #)
(only backs 2.px none ii)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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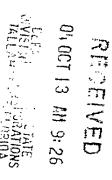
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		Office Use Only
CORPORATION NAME(S) & DOCU	JMENT NUMBER(S), (i	(known):
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(Corporation Name)	(Document #)	
2. (Corporation Name)	(Document #)	
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Walk in Pick up time		Certified Copy
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THE TYPE TO SEE	- And Motoropy	
NEW FILINGS	<b>AMENDMENTS</b>	
Profit	Amendment	
Not for Profit	1	A., Officer/Director
Limited Liability	Change of Regis	
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OTHER FILINGS	REGISTRATION/C	DUALIFICATION
Annual Report	Foreign	
Fictitious Name	Limited Partners Reinstatement	hip
	Trademark	
	Other	
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CR2E031(7/97)		Examiner's Initials

## TRANSMITTAL LETTER

BOTANICA OF	BOCA INC
SUBJECT: BOTANICA OF	(Name of Corporation)
DOCUMENT NUMBER:	P96000058248
The enclosed Officer/Director	Resignation for a Corporation and fee are submitted for filing
Please return all correspondent	ce concerning this matter to the following:
Joseph M. Landolfi, Jr., Es	q.
(Name o	Person)
Rutherford Mulhall, P.A.	
(Name of Fir	m/Company)
2600 North Military Trail, 4	th Floor
(Add	ress)
Boca Raton, FL 33431	
(City/State a	nd Zip Code)
For further information concer	ning this matter, please call:
Joseph M. Landolfi, Jr., Esc	4. 241-1600
(Name of Persor	at (561) 241-1600 (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

TO: Amendment Section Division of Corporations

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, IRWIN DRUCKER	, hereby resign as DIRECTOR		
	(Title)		
of BOTANICA OF BOCA, INC.	,		
(Name	of Corporation)		
P96000058248 (Document Number, if known)	, a corporation organized under the laws of the State of		
FLORIDA	_ <del>_</del>		
Jun J	SECRETARY OF STATE Signature of resigning officer/director)  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