## P96000101800

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(Requestor's Name)				
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(Address)				
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O. 10. 10. 10.				
(City/State/Zip/Phone #)				
PICK-UP. WAIT MAIL				
(Business Entity Name)				
(Dooring put Nilliam)				
(Document Number)				
Certified Copies Certificates of Status				
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Off Resign News 10-29-08

## **COVER LETTER**

	Amendment Section Division of Corporations
SUBJE	The Wirght- Horvath Nursery Inc
	(Name of Corporation)
DOCU	MENT NUMBER: P96000101800
The end	closed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please 1	return all correspondence concerning this matter to the following:
Joyce	Kalloo
	(Name of Person)
The V	Vright-Horvath Nursery Inc
	(Name of Firm/Company)
4855	Pierce Arrow Drive
	(Address)
Apopl	ka Florida 32712
	(City/State and Zip Code)
For furt	ther information concerning this matter, please call:
Joyce	Kalloo at (407 ) 256-8150 (Area Code & Daytime Telephone Number)
	(Name of Person) (Area Code & Daytime Telephone Number)
Enclose	ed is a check for \$35.00 made payable to the Florida Department of State.
Amend Divisio Clifton 2661 E	Address: ment Section n of Corporations Building Necutive Center Circle ssee, FL 32301  Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

FILED

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

2008 OCT 24 PM 4: 55 SECRETARY OF STATE TALLAHASSEE, FLORIDA

I. Barbara Krueger- Horvath	, hereby resign as Director,	(VP),Delegate		
**		(Title)		
of The Wright- Horvath Nursery Inc (Name of Corpo	ation)			
P96000101800, a corporation organized under the laws of the State of (Document Number, if known)				
Florida				
Barbara MK	un-Howath			

FILING FEE IS \$35.00

(Signature of resigning officer/director)

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314