

P96000103701



CHERRY & BRIAN LORANT
1760 N.W. 85 AVE.
PEMBROKE PINES, FL 33024

800002121748--6

-03/24/97--01106--001

***122.50 ***35.00

Office Use Only

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NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input checked="" type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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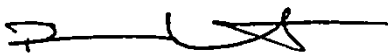
OFFICER / DIRECTOR RESIGNATION

I, Brian Loran, hereby resign as Vice President, Treasurer, etc.
(Title)

of Quality Lawn Care and Landscape of South Florida, Inc.
(Name of Corporation)

a corporation organized under the laws of the State of FLORIDA

and affirm that the corporation has been notified in writing of the resignation.



(Signature of resigning officer/director)

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FILING FEE IS \$35.00

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

P96000103701

Brian Lorant
Requestor's Name
1750 N.W. 85 Ave.
Address
Pembroke Pines, FL 33024
City/State/Zip Phone #

700002121757--8
-03/24/97--01106--001
****122.50 *****87.50

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CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

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RESIGNATION OF REGISTERED AGENT

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned, Brian Loran
(Name of registered agent)

hereby resigns as Registered Agent for Quality Lawn Care and Landscape of South Florida, Inc.
(Name of corporation)

A copy of this resignation was mailed to the above listed corporation at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

[Signature]

(Signature of resigning agent)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

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Fee for filing this document:

\$87.50 - Active corporation

\$35.00 - Administratively dissolved corporation