## 97000019299

(Re	equestor's Name)	
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP	WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificates	s of Status
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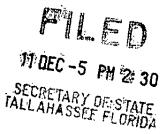


11.22

## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: Flamingo Lawn Care
(Name of Corporation)
DOCUMENT NUMBER: P97000019299
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
William Cason
(Name of Person)
Flamingo Lawn Care
(Name of Firm/Company)
112 Clear Lake Circle
(Address)
Sanford FL 32773
(City/State and Zip Code)
For further information concerning this matter, please call:
William Cason at (407) 591-7765  (Name of Person) (Area Code & Daytime Telephone Number)
(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



Debry Cason	, hereby resign as Vice President
7	(Title)
of Flamingo Lawn Care	
(Name of C	Corporation)
P97000019299 (Document Number, if known)	a corporation organized under the laws of the State of
Florida	
Kleby a	adverse of resignifing 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