## P98000010046

(Requestor's Name)					
- (Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT	<b>/</b> AIL				
. (Business Entity Name)					
(Document Number)					
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## **COVER LETTER**

TO: Amendment Section Division of Corporations

SUBJECT:	WARREN PINE STRAW (	COINC
	: - (Name of Corporat	ion)
DOCUMENT NUMBER:	P98000010046	
The enclosed Officer/Director	Resignation for a Corporation a	and fee are submitted for filing
Please return all corresponden	ce concerning this matter to the	following:
GARY W	VARREN	
(Name o	f Person)	
WARREN PINE	STRAW CO INC	
(Name of Fir	rm/Company)	
24273 (	CR 49	
(Add	lress)	
O'BRIEN, FL	. 32071	, ,
(City/State a	nd Zip Code)	
For further information concer	rning this matter, please call:	
GARY WARREN	at ( 386 )	935 - 0474 & Daytime Telephone Number)
(Name of Person	n) ·· · (Area Code &	& Daytime Telephone Number)
Enclosed is a check for \$35.00	made payable to the Florida Do	epartment 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

I.	TAMMIE C WARREN	, hereby resign as		VPST	
-,_		,	,		
of	WARREN PIN	E STRAW CO INC	•		
٠	(Na	me of Corporation)			
	P98000010046	, a corporation organize	ed under the	e laws of the State	of
	(Document Number, if known)				
	FLORIDA				

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

MACLAHASSEE FLEWS