## 138621

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
Ç \ <del></del>	,	
(Cit	ty/State/Zip/Phone #)	
PICK-UP	WAIT MAIL	
(Ru	siness Entity Name)	
(54	oness Enacy reams,	
(Document Number)		
	,	
Certified Copies	Certificates of Status	
<b>•</b>		
Special Instructions to	Filing Officer:	
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Office Use Only



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officer Resignation

## **COVER LETTER**

TO: Amendment Section Division of Corporations		
SUBJECT:_CONSERVART, IN	NC. (Name of Corporation)	
	8621	
DOCUMENT NUMBER: V30	-	
The enclosed Officer/Director Res	signation for a Corporation and fee are submitted	d for filing.
Please return all correspondence c	oncerning this matter to the following:	
LASZLO G SCHWARTZ		
(Name of Pe	erson)	,
CONSERVART, INC.		
(Name of Firm/C	Company)	
8177 W GLADES RD #16	•	
(Address	3)	
BOCA RATON FL 33434	9.5 9.5	
(City/State and 2	Zip Code)	
For further information concerning	g this matter, please call:	
LASZLO G SCHWARTZ	at ( 561 ) 482-7292 (Area Code & Daytime Telephone	
(Name of Person)	(Area Code & Daytime Telephone	Number)
Enclosed is a check for \$35.00 ma	ade 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	

TO:

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I. ANITA SCHWARTZ	, hereby resign as DIRECTOR	
7	(Title)	
of CONSERVART, INC.	•	
(Name of C	Corporation)	
V38621 (Document Number, if known)	a corporation organized under the laws of the State of	
FLORIDA	TALLAHAS?	
(Sign	ature 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