## H99623

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	idress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL.
(Bu	isiness Entity Nai	me)
(Do	ocument Number)	
Certified Copies	_ Certificate:	s of Status
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## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: Property Care Specialists, Inc.
(Name of Corporation)
DOCUMENT NUMBER: H99623
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Riles, Bradley H.
(Name of Person)
Property Care Specialists Inc.  (Name of Firm/Company)
(Name of Firm/Company)
12224 Kelly Lane (Address)
(Address)
Thonotosassa, Fl 33592
(City/State and Zip Code)
For further information concerning this matter, please call:
Bradley H. Riles at ( 813 ) 210 -7533 (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

## 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