## L75254

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
Office Use Only 🔭			



900266907109

12/15/14--01008--011 \*\*35.00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DEC 18 2014 T. CARTER

## TRANSMITTAL LETTER

Division of Corporations Palm Coast Pest Control, Inc. (Name of Corporation) DOCUMENT NUMBER: L75254 The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Victoria Magaldi (Name of Person) Palm Coast Pest Control, Inc. (Name of Firm/Company) 1461 Cypress Dr. (Address) Jupiter, FL 33469 (City/8tate and Zip Code) fming this matter, please call: Enclosed is a check for \$35.00 made payable to the Florida Department of State.

**Mailing Address:** 

TO:

Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 **Street Address:** 

Amendment Section
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

SECRETARY OF STATÉ TALLAHASSEE, FLORIDA

14 DEC 15 PM 4: 02

<sub>ı.</sub> William R. Ma	yfield, Jr.	, hereby resign as Vice President
->		(Title)
of Palm Coast P	est Control,	Inc.
<u> </u>	(Name of Corporation	
L75254 (Document Number, if known)	, a corpora	ation organized under the laws of the State of
FLORIDA	······································	
		/ /

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