

N020000008443

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

(Business Entity Name)

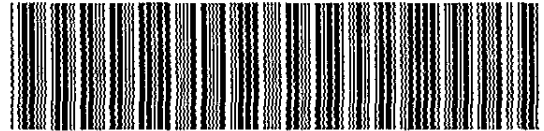
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T BROWN MAY 24 2004

officer Resignation

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Perfect Peace of Mind, Inc.
(Name of Corporation)

DOCUMENT NUMBER: NO2000008443

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Linda A. MetzKow
(Name of Person)

(Name of Firm/Company)

PO Box 1445
(Address)

New Smyrna Beach, FL 32170
(City/State and Zip Code)

For further information concerning this matter, please call:

Linda MetzKow at (386) 427-4721
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

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

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

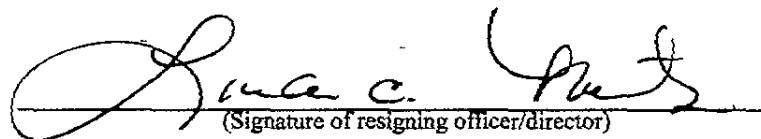
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, Linda A. MetzKow, hereby resign as President
(Title)

of Perfect Peace of Mind, Inc.
(Name of Corporation)

NO2000008443, a corporation organized under the 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