## P00000030439

(Re	equestor's Name)	
(Ad	idress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: PC PS Corporation (Name of Corporation)  DOCUMENT NUMBER: P000000 30 43 9
DOCUMENT NUMBER: P000000 30 439
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for fili
Please return all correspondence concerning this matter to the following:
Beatriz Sardinas (Name of Person)
(Name of Person)
PCPS Corporation (Name of Firm/Company)
(Name of Firm/Company)
3118 W. 76 Street
Hiakeah, FC 33018 (City/State and Zip Code)
For further information concerning this matter, please call:
Beatriz Sardinas at (305) 821-7757  (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.

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

I, _	Pilar Medina, hereby resign as President (Title)
of_	PCPS Corporation)  (Name of Corporation)
	(Document Number, if known)  , a corporation organized under the laws of the State of  Florida
	(Signature of resigning officer/director)
	(Signature of resigning officer/director)  FILING FEE IS \$35.00
	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