P00000109173

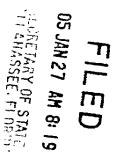
(Re	equestor's Name)	
(Ac	idress)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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TRANSMITTAL LETTER

SUBJECT: PERFECT COMMUNICATIONS AND PROHOTIONS INC. (Name of Corporation)
DOCUMENT NUMBER: P 1110 109 173
The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
ANNETTE FIDEAVANT) (Name of Person)
(Name of Person) PERFECT COMMUNICATIONS AND PROMOTIONS /NC 1800 W. INTO SEEDWAY BLVD.
1800 W. INTWIL SEEDWAY BLVD.
BLD6-1'SWTE 104
(Address)
DAYTOUR BEACH FL 32114 (City/State and Zip Code)
For further information concerning this matter, please call:
ANNETTE FIDEAVAUTI at (316) 239-3066 (Area Code & Daytime Telephone Number)
(Name of Person) (Area Code & Daytime Telephone Number)

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

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

TO:

Amendment Section Division of Corporations

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned, $\frac{\sqrt{5}\mu\nu}{\sqrt{Name of Registered Agent)}}$
Florida Statutes, the undersigned, TOHN M. BUNDY (Name of Registered Agent) (Name of Corporation) (Name of Corporation)
Poorto 109173
(Document Number, if known) A copy of this resignation was mailed to the above listed corporation at its last known address.
The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.
If signing on behalf of an entity: Sold Sold
Registered Agent (Capacity)

Fee for filing this document:

\$87.50 - Active corporation
\$35.00 - Administratively dissolved/voluntarily dissolved/
withdrawn corporation

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassec, FL 32314