P01000094230

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



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COVER LETTER

| SUBJECT: PERFECTION PLUS SERVICES INC (Name of Corporation) |
|---|
| DOCUMENT NUMBER: <u>PO10000 9 42 30</u> |
| The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| |
| (Name of Person) |
| PERFECTION PLUS SERVICES INC (Name of Firm/Company) |
| P.O. Box 327 (Address) |
| FRUITLAND PARK FL 3473/ (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| PAULA KLING— at (352) 365-6680 (Name of Person) (Area Code & Daytime Telephone Number) |

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Amendment Section Division of Corporations

TO:

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

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

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

| I, <u>CATHERYN P. KLING</u> , hereby resign as <u>VICE PRESIDEN</u> (Title) | <u>r</u> T |
|---|------------|
| of PERFECTION PLUS SERVICES INC. (Name of Corporation) | |
| Polooo94230, a corporation organized under the laws of the State of (Document Number, if known) | |
| FLORIDA . | |
| APR -9 CRETARY AHASSE | |
| (Signature of resigning officer/director) | コ フ |

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