

P020000044342

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

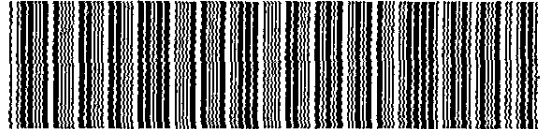
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600036230426

05/17/04--01059--002 \*\*70.00

FILED  
04 MAY 17 PM 2:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

officer Resignation

T BROWN MAY 24 2004

**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

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

**DOCUMENT NUMBER:** PO2000044342

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)

P.O. 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

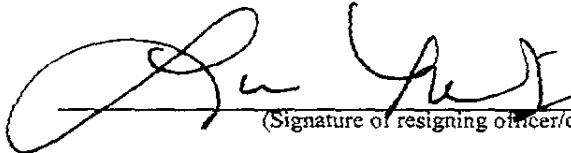
FILED  
04 MAY 17 PM 2:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

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

902000044342, 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