

PD2000051894

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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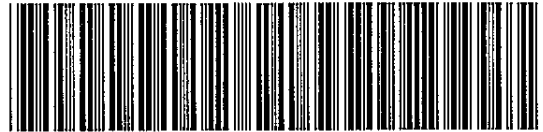
(Business Entity Name)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: PERFECT HOUSE SERVICES INC.
(Name of Corporation)

DOCUMENT NUMBER: P02000051894

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

Please return all correspondence concerning this matter to the following:

PATRICIA D. RUIZ

(Name of Person)

PERFECT HOUSE SERVICES INC.

(Name of Firm/Company)

1759 MARSEILLES DRIVE, # 08

(Address)

MIAMI BEACH, FLORIDA 33141

(City/State and Zip Code)

For further information concerning this matter, please call:

PATRICIA D. RUIZ

(Name of Person)

at (305) 993-3785

(Area Code & Daytime Telephone Number)

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

Street Address:

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

Mailing Address:

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

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, PATRICIA D. RUIZ, hereby resign as TREASURER/DIRECTOR
(Title)

of PERFECT HOUSE SERVICES INC.
(Name of Corporation)

P02000051894, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA

Patricia D. Ruiz
(Signature of resigning officer/director)

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05 DEC 23 AM 10:22
C 210005
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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