## P03000096919

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	re)
(Do	cument Number)	· .
Certified Copies	_ Certificates	of Status
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officer Resignation
TB 10/20/08

## **COVER LETTER**

Amendment Section Division of Corporations

TO:

SUBJECT: PACIFIC PARADISE CLOTHING CO., INC (Name of Corporation)
DOCUMENT NUMBER: 80300096919
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Barry Schinder PA (Name of Person)
(Name of Firm/Company)
1940 Harrison St, #304 (Address)
Hollyword FL 33020 (dity/State and Zip Code)
For further information concerning this matter, please call:
Barry Sch., at (954) 9238/00 (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
Post Office Box 6327
Tallahassee, FL 32314

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

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

PARASSELOS PARELLE of The Pacific Paradise Clothing Co.

(Name of Corporation) P0300096919

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

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