P03000139951

(Rec	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	y/State/Zip/Phone	;#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		
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TRANSMITTAL LETTER

' TRANSMITTAL LETTER		
TO: Amendment Section Division of Corporations	SOR 2	
SUBJECT: PERDIDO PROFESSIONAL		
(Name of Corpord DOCUMENT NUMBER: P03000139951	ation)	
The enclosed Officer/Director Resignation for a Corporation	and fee are submitted for filing.	
Please return all correspondence concerning this matter to the	e following:	
SAMUEL MELLEMA		
(Name of Person)	· ·	
(Name of Firm/Company)		
201 TIFTON AVENUE	•	
(Address)		
PENSACOLA FL 32507		
(City/State and Zip Code)		
For further information concerning this matter, please call:		
SAMUEL MELLEMA at (850	458-6044	
(Name of Person) (Area Cod	e & 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 2661 Executive Center Circle Tallahassee, FL 32301

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, MICHELLE PEEL	, hereby resign as VICE PRESIDENT
of PERDIDO PROFESSION	(Title)
(Name of Corpor	ation)
P03000139951 (Document Number, if known), a corp	poration organized under the laws of the State of
FLORIDA	DEC -2
Michelle (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