P03000158231

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone	» #)
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TRANSMITTAL LETTER

Professional Protection & Investigations Agency, Incorporated (Name of Corporation) **DOCUMENT NUMBER:** The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Peter Llanes (Name of Person) Professional Protection & Investigations Agency, Inc. (Name of Firm/Company) 6619 South Dixie Highway, #194 (Address) Miami, Florida 33143 (City/State and Zip Code) For further information concerning this matter, please call: James J. Fernandez (Name of Person)

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

TO:

Amendment Section
Division of Corporations

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

PETER LLANES	hereby resign as VICE-PRESIDENT	
, a	(Title)	
	CTION & INVESTIGATIONS AGENCY, INC.	
(N	ame of Corporation)	
P03000158231	, a corporation organized under the laws of the State of	
(Document Number, if known)		
FLORIDA		
<u> </u>	(Signature of resigning officer/diffector) (Signature of resigning officer/diffector)	

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