PD4000013044

(R	equestor's Name)	
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(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL MAIL
(B	usiness Entity Nam	ne)
(D	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations

SUBJECT: PMC Enterprises, Division, Inc.

(Name of Corporation)

DOCUMENT NUMBER: P04000013044

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

Please return all correspondence concerning this matter to the following:

Donna A. McHugh

(Name of Person)

PMC Enterprises, Division, Inc.

(Name of Firm/Company)

11216 Tamiami Trail N. #212

(Address)

Naples, FL 34110

(City/State and Zip Code)

For further information concerning this matter, please call:

Patrick McHugh

_{at} 239

580-9177

(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
2661 Executive Center Circle
Tallahassee, FL 32301

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

_{of} PMC Enterprises,	Division Inc
	me of Corporation)
P04000013044 (Document Number, if known)	, a corporation organized under the laws of the State of
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