

P04000079998

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

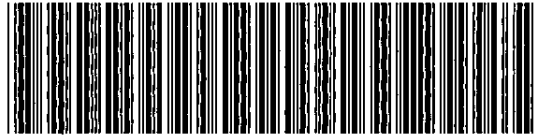
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08 MAY -5 AM 9:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Perfect Touch Services, Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** P04000079998

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

Please return all correspondence concerning this matter to the following:

Sarah Lichtenstein

(Name of Person)

Perfect Touch Services, Inc.

(Name of Firm/Company)

1204 Long Pine St

(Address)

Davenport, FL 33897

(City/State and Zip Code)

For further information concerning this matter, please call:

Sarah ichtenstein

(Name of Person)

at ( 407 ) 947-1132

(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

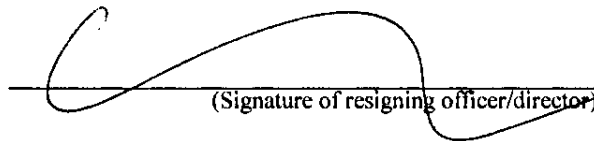
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Greg Kerr, hereby resign as Vice-President  
(Title)

of Perfect Touch Services, Inc.  
(Name of Corporation)

P04000079998, a corporation organized under the laws of the State of  
(Document Number, if known)

Florida

  
(Signature of resigning officer/director)

**FILED**  
**08 MAY -5 AM 9:08**  
**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