

PD4000079998

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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DIVISION OF CORPORATIONS
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@ 7/18/08

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 Service, Inc.

(Name of Firm/Company)

1204 Long Pine Street

(Address)

Davenport, FL 33897

(City/State and Zip Code)

For further information concerning this matter, please call:

Sarah Lichtenstein

(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, David M Lichtenstein, hereby resign as Treasurer
(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.

 7-15-08
(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

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