

PD4000089186

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

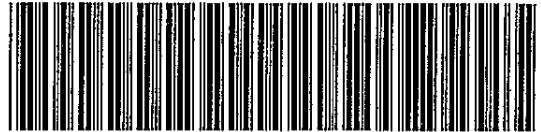
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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: FLORIDA STATE PEST CONTROL INC.

(Name of Corporation)

DOCUMENT NUMBER: PD4000089186

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 RASANTE

(Name of Person)

FLORIDA STATE PEST CONTROL INC.

(Name of Firm/Company)

102 WOODLEAF DR.

(Address)

WINTER SPRINGS, FLORIDA 32708

(City/State and Zip Code)

For further information concerning this matter, please call:

PETER ROSANTE

(Name of Person)

at (407 -) 365-9886

(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:

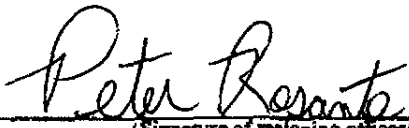
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, PETER ROSANTE, hereby resign as PRESIDENT
(Title)

of FLORIDA . PEST CONTROL INC.
(Name of Corporation)

P04000089186, a corporation organized under the laws of the State of
(Document Number, if known)
FLORIDA


(Signature of resigning officer/director)

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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