

P05000058478

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

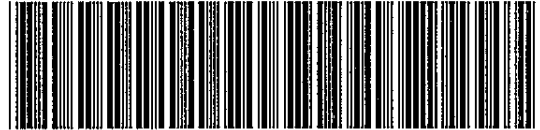
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600066797516

03/01/06--01018--011 **35.00

FILED
06 MAR -1 AM 8:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03/01/06
3-1-06
m2

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: PERFORMANCE DISTRIBUTING INC
(Name of Corporation)

DOCUMENT NUMBER: P05000058478

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

Please return all correspondence concerning this matter to the following:

Jane COPE
(Name of Person)

(Name of Firm/Company)

5283 TUSCAWILLA DR
(Address)

Weeki Wachee, FL 34607
(City/State and Zip Code)

For further information concerning this matter, please call:

Jane Cope at (352) 597-9992
(Name of Person) (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, Lorraine FOUST, hereby resign as OFFICER / DIRECTOR
(Title)

of PERFORMANCE DISTRIBUTING INC,
(Name of Corporation)

P05000058478, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA.

Lorraine Foust
(Signature of resigning officer/director)

FILED
06 MAR -1 AM 8:03
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