

P05000094133

(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



300060119663

10/03/05--01029--008 **35.00

FILED
05 OCT -3 PM 3:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10-13
aff'd
2015

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: PERFECT DEGREES AIR CONDITIONING & POOL HEATING, INC
(Name of Corporation)

DOCUMENT NUMBER: P05000094133

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

Please return all correspondence concerning this matter to the following:

EDWIN L. CRAMMER CPA

(Name of Person)

EDWIN L. CRAMMER PA

(Name of Firm/Company)

3801 NORTH UNIVERSITY DRIVE SUITE 311

(Address)

SUNRISE, FL 33351

(City/State and Zip Code)

For further information concerning this matter, please call:

EDWIN L. CRAMMER CPA

(Name of Person)

at (954) 742-8700

(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

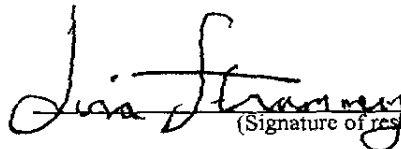
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, LISA STROMING, hereby resign as DIRECTOR
(Title)

of PERFECT DEGREES AIR CONDITIONING & POOL HEATING, INC.
(Name of Corporation)

P05000094133, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA


(Signature of resigning officer/director)

FILED
03 OCT -3 PM 3:33
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