## P06000059191

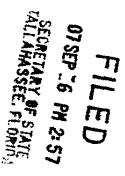
(Requestor's Name)				
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(City/State/Zip/Phone #)				
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PICK-UP	WAIT	MAIL		
(Bu	siness Entity Nan	ne)		
(Document Number)				
Certified Copies	Certificates	of Status		
Special Instructions to	Filing Officer:			
Special Instructions to Filing Officer:				
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## **COVER LETTER**

	mendment Section ivision of Corporations	
SUBJEC	T: Paradise Living S	ervices. Inc.
		(Name of Corporation)
DOCUM	ENT NUMBER: PO	06000059191
The enclo	osed Officer/Director Re	signation for a Corporation and fee are submitted for filing
Please ret	turn all correspondence	concerning this matter to the following:
Michael	l L. Lapidus	
	(Name of P	erson)
Paradis	e Living Services. Inc	
	(Name of Firm/	Company)
320 Tor	rchwood Avenue	
	(Addres	s)
Plantati	on, FL 33324	
	(City/State and	Zip Code)
For furthe	er information concernir	g this matter, please call:
Michael	L. Lapidus	at ( 954 ) 424-1460 (Area Code & Daytime Telephone Number)
· · · · · · · · · · · · · · · · · · ·	(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed	is a check for \$35.00 m	ade payable to the Florida Department of State.
Division o Clifton Bu 2661 Exec	ent Section of Corporations	Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

TO:

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

c - 1

I, Larry Derevensky	, hereby resign as Pre	President/Director	
**		(Title)	
of Paradise Living Services. Inc.	of Corporation)		
P06000059191 (Document Number, if known)	_ a corporation organized under the	he laws of the State of	
Florida	ignature of resigning officer/director)	FILED 97 SEP 16 PH 2: 57 SECRETARY OF STATE TALLARMSSEE, PLORIBL	
	TLING FEE 18 \$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