## P06000065352

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
<b>(</b> Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
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SECRETARY OF STATE ALLAHASSEE, FLORIDA

## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: Performance Edge Stool of Dance, INC. (Name of Corporation)
DOCUMENT NUMBER: P06600065352
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
TRICIA CoteRa (Name of Person)
Penformance Edge School of DANCE, INC. (Name of Firm/Company)
1960 N. Commerce PKWY. BAY 9510 (Address)
Weston, Fl. 33326 (City/State and Zip Code)
For further information concerning this matter, please call:
Thick Cotens at (786) 287-1719 (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

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## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

OTMAY-9 PM 1:09
TÄLLAHASSEE, FLORIS

I, Daniel Pergyere	hereby resign as UP (Title)
of Penformance Edge (Name o	School of DANE, INE.
P8600065352(Document Number, if known)	, a corporation organized under the laws of the State of
Plorina	<del>.</del>
$\sim$	

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