

PO6000078978

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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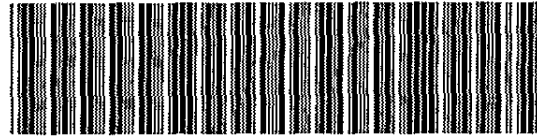
(Business Entity Name)

(Document Number)

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TALLAHASSEE FLORIDA

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** A + Exterminators, INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** P06000078978

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

Please return all correspondence concerning this matter to the following:

Michael J. Schneider  
(Name of Person)

\_\_\_\_\_  
(Name of Firm/Company)

4534 Skyline Blvd. #1  
(Address)

Cape Coral, FL 33914  
(City/State and Zip Code)

For further information concerning this matter, please call:

Michael J. Schneider at (239) 699-4046  
(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, Michael J. Schneider, hereby resign as Director  
(Title)

of A + Exterminators, INC.  
(Name of Corporation)

P06000078978, a corporation organized under the laws of the State of  
(Document Number, if known)

Florida

Michael J. Schneider  
(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