P06000138187

(Requestor's Name)
(Address)
(100,000)
·
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Catiford Conic
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
- CP-C-AM THE METERS OF THE ME
-

Office Use Only



400129016474

05/19/08--01030--017 **35.00

O8 MAY 19 PM 2: 51
SECRETARY OF STATE

of fasific

Andressa MAY 2 3 2008

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Personal Protection Solations (Name of Corporation) DOCUMENT NUMBER: PO600138/87
DOCUMENT NUMBER: V 06000/38/8/
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Person)
Personal Protection Solutions (Name of Firm/Company)
1922 SE 45-45 ST. (Address)
Cape Coral Florila, 33904 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (235) 541-8849 (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, John F. Derrig hereby resign as Secre	Lar	>	<u>(</u> s)	
of Peter Personal Protection Sol (Name of Corporation)	uti	o n s	of L	Lee Inc
(Document Number, if known), a corporation organized under the laws of the	State o	f	C. 7	
Florida.				
	v			
(Signature of resigning officer/director)				
FILING FEE IS \$35.00	SECRETARY TALLAHASS	08 MAY 19	71	

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314