## P06000145567

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ity/State/Zip/Phone #)	•
PICK-UP	WAIT N	<b>M</b> AIL
(Bi	usiness Entity Name)	
(Do	ocument Number)	,
Certified Copies	Certificates of Status	
Special Instructions to	Filing Officer:	
3	Office Use Only	



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## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations	
SUBJECT:	Perissos, Inc. (Name of Corporation)
DOCUMENT NUMBER:	P06000145567
The enclosed Officer/Director Resignati	on for a Corporation and fee are submitted for filing.
Please return all correspondence concern	ning this matter to the following:
,	Hopkins
(Name of Firm/Compa	rissos, Inc
ZOGN (Address)	Bridgeport Circle ledge, FL 32955
(City/State and Zip Cod	128gz, FL 32955
For further information concerning this	
(Name of Person)	at (321) SOL - 4930 (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made page	yable to the Florida Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

TO:

Street Address:
Amendment Section
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I,	Tuny Hopkins, hereby resign as President
of	Perissos Inc
	Po 6000 1455, a corporation organized under the laws of the State of (Document Number, if known)
	(Signature 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