

P08000074796

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

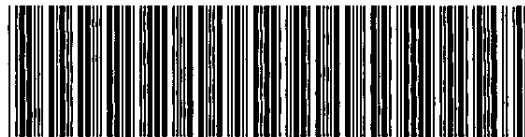
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Officer/Director Resignation

Jm

10/2/08

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** PROTECTION PLUS WARRANTY SERVICES, INC.

(Name of Corporation)

**DOCUMENT NUMBER:** 300134298883

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

Please return all correspondence concerning this matter to the following:

MARK SCARBOROUGH

(Name of Person)

(Name of Firm/Company)

2084 AMESBURY CIRCLE

(Address)

WELLINGTON, FL 33414

(City/State and Zip Code)

For further information concerning this matter, please call:

MARK SCARBOROUGH

(Name of Person)

at ( 561 ) 628-7905

(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**

**FILED**

08 SEP 25 AM 9:11

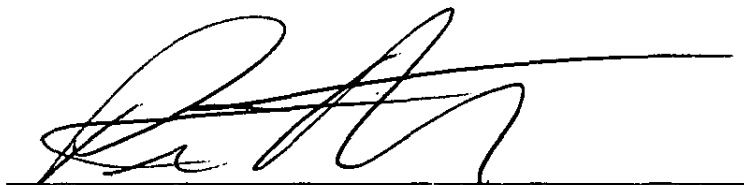
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

I, PETER MERGENTHALER, hereby resign as VP  
(Title)

of PROTECTION PLUS WARRANTY SERVICES, INC.  
(Name of Corporation)

3001342988883-P08000014796  
(Document Number, if known), a corporation organized under the laws of the State of

FLORIDA

  
(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