

PD8000101730

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

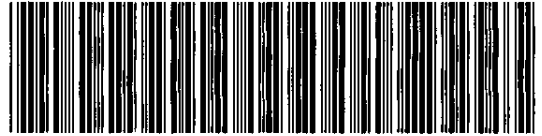
(Business Entity Name)

(Document Number)

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09 MAY -5 AM 2:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Off Resign  
Theris  
5-11-09

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** FLORIDA STATE PEST CONTROL, INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** PO8000101730

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

Please return all correspondence concerning this matter to the following:

GENE PETILLI  
(Name of Person)

FLORIDA STATE PEST CONTROL, INC.  
(Name of Firm/Company)

4585 N. DIXIE HIGHWAY  
(Address)

POMPANO BEACH, FL. 33064  
(City/State and Zip Code)

For further information concerning this matter, please call:

JOHN GREENE at ( 954 ) 941-9084  
(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

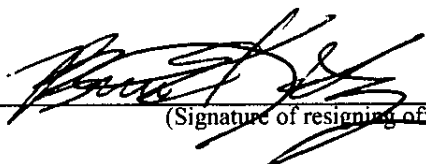
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

**FILED**  
**09 MAY -5 AM 2:59**  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

I, BRIAN KATZ, hereby resign as SECRETARY  
(Title)

of FLORIDA STATE PEST CONTROL INC.  
(Name of Corporation)

P08000101730, a corporation organized under the laws of the State of  
(Document Number, if known)  
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