## Pa900081848

(Requestor's Name)  (Address)	800162197868
(City/State/Zip/Phone #)	10/30/0901008018 **35.00
(Business Entity Name)  (Document Number)  (Document Number)  Certified Copies (Certificates of Status)	i dem et Leurs, gar
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## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: Perfect Solutions for Homeowners, Inc. (Name of Corporation)
DOCUMENT NUMBER: P0900081848
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Barbara Palalagos (Name of Person)
Perfect Solutions for Homeowners, Inc (Name of Firm/Company)
2459 8+m St Ct W (Address)
Braden ton FL 34210 (City/State and Zip Code)
For further information concerning this matter, please call:
Barbara Palcologos at (941) 586-1273 (Name of Person) (Area Code & Daytime Telephone Number)

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

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, Michael H. Losey, hereby resign as Secretar	Citle)	_
of Perfect Solutions for Homeowners, I	<u>1C</u> ,	
Dogo 81848, a corporation organized under the laws of the (Document Number, if known)	e State of	
Florida		
(Signature of resigning officer/director)	2009 OCT 30 PH 11: 41 SECRETARY OF STAN	

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