

PD 9000099914

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

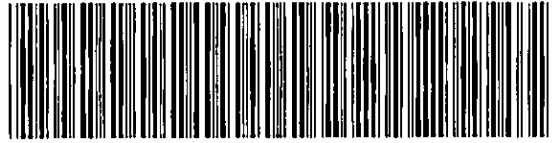
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DEPARTMENT OF CORPORATIONS
2023 APR 17 AM 11:23

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Perfect Feet Care, Inc

(Name of Corporation)

DOCUMENT NUMBER: P09000099914

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

Juliette Perez, MD

(Name of Person)

Perfectfeetcare, Inc.

(Name of Firm/Company)

13651 SW 26th Street

(Address)

Miami, FL 33175

(City/State and Zip Code)

For further information concerning this matter, please call:

Juliette Perez, MD
_____ at (305) 318-1405
(Name of Person) (Area Code & Daytime Telephone Number)

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

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

Street Address:
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

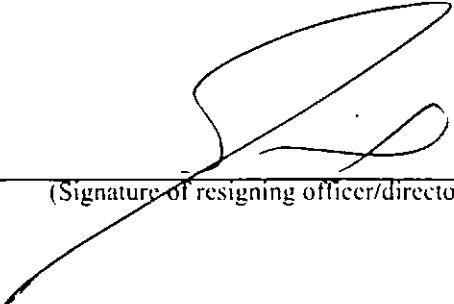
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, FIDEL S. FERREIRO, hereby resign as OFFICER
(Title)

of PERFECTFEETCARE, INC.
(Name of Corporation)

P09000099914, 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