

P/0000008495/

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

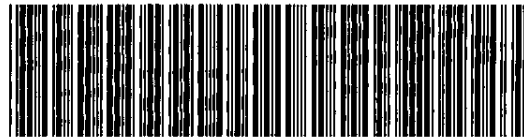
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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*Mr / Mrs King*

FILED  
NOV 12 AM 11:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Roberts NOV 15 2010

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** PERFECT PACKING SERVICES INC  
(Name of Corporation)

**DOCUMENT NUMBER:** P10000084951

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

Please return all correspondence concerning this matter to the following:

KURUCZ JOZSEFNE

(Name of Person)

PERFECT PACKING SERVICES INC.

(Name of Firm/Company)

2326 CHARLES ROAD

(Address)

HALLANDALE BEACH, FL 33009

(City/State and Zip Code)

For further information concerning this matter, please call:

IREN KURUCZ

(Name of Person)

at ( 561 ) 929 6195

(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**

**10 NOV 12 AM 11:55**

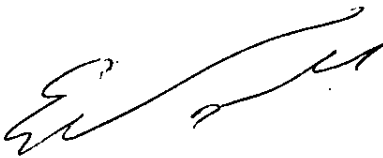
**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

I, ERZSEBET NOLL, hereby resign as PRESIDENT  
(Title)

of PERFECT PACKING SERVICES INC,  
(Name of Corporation)

P10000084951, 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