

P/0000008495/

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

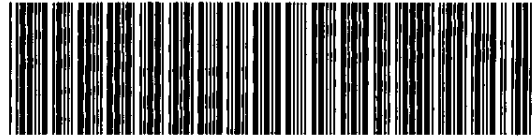
(Business Entity Name)

(Document Number)

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Mr / Mrs King

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**

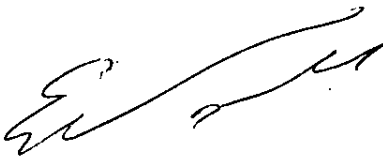
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10 NOV 12 AM 11:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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