## P11000079037

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		

Office Use Only



100320980471

11/19/18--01025--017 ++35.00

FILED 2018 HOY 19 PM 3: 03

CDIRCS

NOV 27 2018

I ALBRITTON

## TRANSMITTAL LETTER

SUBJECT: Protection Inspection Services Inc (Name of Corporation)

DOCUMENT NUMBER: P11000079037

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

Anthony Alm

(Name of Person)

Protection Inspection Services,
(Name of Firm/Company)

3181 Frontier Avenue
(Address)

Lake Worth, FL 33467
(City/State and Zip Code)

For further information concerning this matter, please call:

Anthony Alm

(Name of Person)

at (561 ) 436-4427
(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

Tallahassee, FL 32301

2661 Executive Center Circle

CR2E044 (05/13)

Mailing Address:

P.O. Box 6327

Amendment Section

Division of Corporations

Tallahassee, FL 32314

TO:

Amendment Section Division of Corporations

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

. . . . .

, Patti Alm	. hereby resign as VP	
	(	Title)
of Protection Inspect		·
P11000079037  (Document Number, if known)	ne of Corporation), a corporation organized under the laws of the	ne State of
Florida	<u> </u>	
	(Signature of resigning officer/director)	EILEU SASS
	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