

P12000003124

(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



400242223054

12/19/12--01004--001 \*\*35.00

FILED  
2012 DEC 19 PM 4:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Off & Resign*

DEC 19 2012

T. LEWIS

**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** PJ Safety & Health Services Inc  
(Name of Corporation)

**DOCUMENT NUMBER:** P12000003124

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

Please return all correspondence concerning this matter to the following:

Lawrence Swan

(Name of Person)

Caloosehatche Tax

(Name of Firm/Company)

709 Cape Coral Pkwy W

(Address)

Cape Coral FL 33914

(City/State and Zip Code)

For further information concerning this matter, please call:

Lawrence Swan

(Name of Person)

at ( 239 ) 540-2612

(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  
409 E. Gaines Street  
Tallahassee, FL 32399

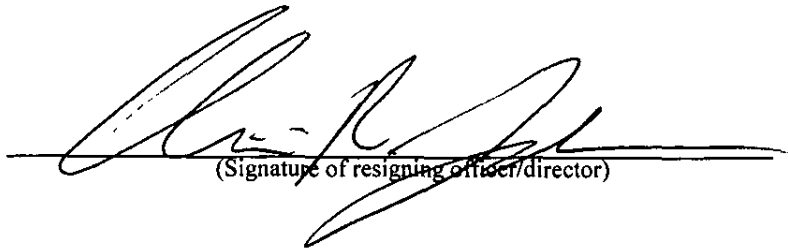
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

**FILED**  
2012 DEC 19 PM 4:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

I, JOHNSON, ALICIA R, hereby resign as Vice President  
(Title)

of PJ Safety & Health Services Inc,  
(Name of Corporation)

P12000003124, 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