

P140000 61426

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

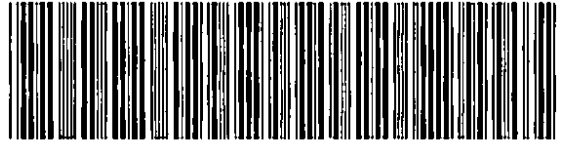
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300348787903

08/03/20--01017--020 **35.00

FILED
2020 AUG -3 PM 3:26
SECRETARY OF STATE
TALLAHASSEE, FL

JQ 09/24/20

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: P.B.S. SERVICE OF SOUTH FLORIDA, INC

(Name of Corporation)

DOCUMENT NUMBER: P14000061426

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

Please return all correspondence concerning this matter to the following:

SERGE DROUILLARD

(Name of Person)

P.B.S. SERVICES, INC

(Name of Firm/Company)

PO BOX 934271

(Address)

MARGATE, FL 33093

(City/State and Zip Code)

For further information concerning this matter, please call:

SERGE DROUILLARD _____ at (_____) 954-296-1120
(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:

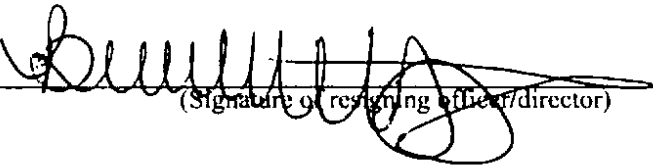
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, BEVERLY DROUILLARD, hereby resign as SECRETARY
(Title)

of P.B.S. SERVICES OF SOUTH FLORIDA, INC
(Name of Corporation)

P14000061426, 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

SECRETARY OF STATE
TALLAHASSEE, FL

2020 AUG -3 PM 3:26

FILED