

P15 00000 59418

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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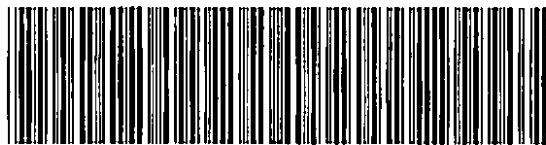
(Business Entity Name)

(Document Number)

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: PERFORMANCE DENT REMOVAL CORP.

(Name of Corporation)

DOCUMENT NUMBER: P15000059418

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

Please return all correspondence concerning this matter to the following:

AMADEU PANCIERI JR

(Name of Person)

PERFORMANCE DENT REMOVAL CORP.

(Name of Firm/Company)

930 W. MICHIGAN STREET

(Address)

ORLANDO, FL 32805

(City/State and Zip Code)

For further information concerning this matter, please call:

AMADEU PANCIERI JR

at (857) 287-4407

(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

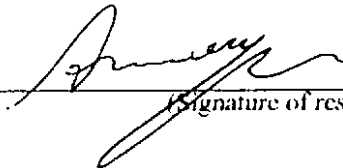
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, AMADEU PANCIERI JR, hereby resign as PRESIDENT
(Title)

of PERFORMANCE DENT REMOVAL CORP.
(Name of Corporation)

P15000059418, a corporation organized under the laws of the State of
(Document Number, if known)

Florida


(Signature of resigning officer/director)

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TALLAHASSEE, FL

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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