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(Requestor's Name) (Address) (Address)	900336319969
(City/State/Zip/Phone #)	11/04/1301039031 ++157.50
Certified Copies Certificates of Status	FILED 19 NOV -4 PHILLA SECTION AND TALLAMASSEE, FLORIDA
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## TRANSMITTAL LETTER

### **TO:** Amendment Section Division of Corporations

### SUBJECT: <u>Property Relief Professionals INC</u> (Name of Corporation)

# DOCUMENT NUMBER: <u>P17000097379</u>

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

Please return all correspondence concerning this matter to the following:

William Matthews (Name of Person)

Property Relief Professionals INC (Name of Firm/Company)

100 AShley Dr. S. #600

Tampa, FL 33602 (City/State and Zip Code)

For further information concerning this matter, please call:

(Name of Person) at (401) 223 - 9726 (Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

<u>Mailing Address:</u> Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

#### Street Address:

Amendment Section Division of Corporations 2661 Executive Center Circle Tallahassee, FL 32301

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I. WILLIAM MATThews hereby resign as Officer/Director of Property Relief Professionals INC. (Name of Corporation) (Document Number, if known) \_\_\_\_\_, a corporation organized under the laws of the State of Florida

(Signature of resigning officer/director)

### **FILING FEE IS \$35.00**

Make checks payable to Florida Department of State and mail to:		6		
Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	LAHASSEE, FLURIDA	NOV -4 PH 11: 14	FILED	