

P20 000065737

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: PPE, medical, INC,
(Name of Corporation)

DOCUMENT NUMBER: P20000065737

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

Please return all correspondence concerning this matter to the following:

Timothy Peters
(Name of Person)

(Name of Firm/Company)

3965 92nd Terrace N
(Address)

Pinellas Park, FL 33782
(City/State and Zip Code)

For further information concerning this matter, please call:

Timothy Peters at (727) 222-9697
(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, Timothy Peters, hereby resign as Treasurer
(Title)

of PPE medical, INC.
(Name of Corporation)

P20000065737, a corporation organized under the laws of the State of
(Document Number, if known)
Florida

Timothy Peters
(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

I have never been involved in the day to day operations of this company. I have never been a signer on the business checking account, nor ever had access to any online banking functions for this company. I was only asked to create this Florida company.

Tim Peters