

P96000036874

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

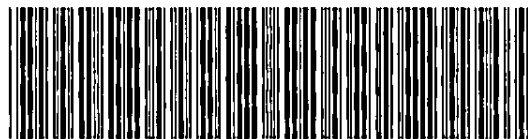
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100317430311

08/29/18--01006--019 \*\*35.00

**FILED**

2018 AUG 29 PM 12:54

SECRETARY OF STATE  
TALLAHASSEE, FL

C. GOLDEN

AUG 30 2018

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** A. P. PEST CONTROL INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** 65-0676896

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

Please return all correspondence concerning this matter to the following:

DEBORAH ANGELUCCI  
(Name of Person)

A. P. PEST CONTROL INC.  
(Name of Firm/Company)

21566 CORONADO AVE.  
(Address)

BOCA RATON, FL. 33433  
(City/State and Zip Code)

For further information concerning this matter, please call:

MARIO ANGELUCCI at (561) 306-2844  
(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  
2661 Executive Center Circle  
Tallahassee, FL 32301

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, NEBORAH ANGIELUCCI, hereby resign as V. P.  
(Title)

of A. P. PEST CONTROL INC - P96000036874,  
(Name of Corporation)

65-0676896, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA

*Neborah Angiucci*  
(Signature of resigning officer/director)

SECRETARY OF STATE  
TALLAHASSEE, FL

2018 AUG 29 PM 12:54

**FILED**

**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