

P99000107796

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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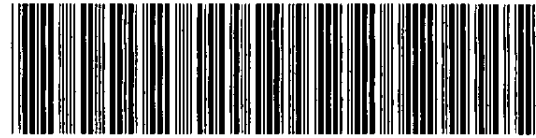
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: AIR PERFECTION SERVICES, INC.
(Name of Corporation)

DOCUMENT NUMBER: P99000107796

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

Please return all correspondence concerning this matter to the following:

MICHAEL A. SPOON

(Name of Person)

AIR PERFECTION SERVICES, INC

(Name of Firm/Company)

10693 WILES RD #226

(Address)

CORAL SPRINGS, FL. 33076

(City/State and Zip Code)

For further information concerning this matter, please call:

MICHAEL A SPOON

(Name of Person)

at (754) 368-1019

(Area Code & Daytime Telephone Number)

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

Street Address:

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

Mailing Address:

Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

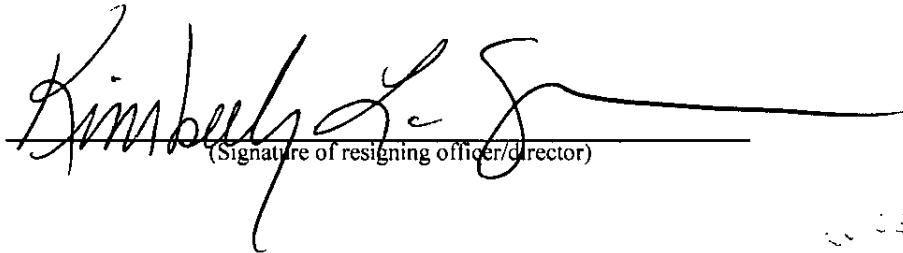
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, KIMBERLY L. SPOON, hereby resign as PRESIDENT
(Title)

of AIR PERFECTION SERVICES, INC.
(Name of Corporation)

P99000107796, 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