

(Requestor's Name)			
•			
(Address)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Business Entity Name)			
·			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

Office Use Only



100257678631

03/13/14--01030--010 \*\*35.00

TALE WAR 13 PH 2:

DIDRES

MAR 13 2014

R. WHITE

## TRANSMITTAL LETTER

TO:	Amendment Section Division of Corporations
SUBJ	ECT: INTERNATIONAL ACCOUNTING GROUP, INC (Name of Corporation)
DOCU	UMENT NUMBER: P03000005073
The er	nclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please	return all correspondence concerning this matter to the following:
MA	ARIA SALAS
<del></del>	(Name of Person)
	(Name of Firm/Company)
122	249 SW 14TH LN # 1203
	(Address)
MI	AMI, FL 33184
	(City/State and Zip Code)
For fu	rther information concerning this matter, please call:
MA	(Name of Person) at (786) 366-0360 (Area Code & Daytime Telephone Number)
Enclos	sed is a check for \$35.00 made payable to the Florida Department of State.
Division P.O. B	ng Address: dment Section on of Corporations Box 6327 assee, FL 32314  Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

, MARIA SALAS	, hereby resign as ASSISTANT SECRETARY
·······	(Title)
of INTERNATIONAL	ACCOUNTING GROUP, INC.
(Name	e of Corporation)
P0300005073 (Document Number, if known)	, a corporation organized under the laws of the State of
FLORIDA	<u></u> ·

(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