H83729

(Re	equestor's Name)	
(Ad	ldress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	· #)
PIĊK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
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T. ROBERTS

Deborah Akers 7431 NW 57th Street Tamarac, FL 33319

Re: Caisa Corporation – Identity Theft

Document Number: H83729

Dear Sir or Madam:

I am writing to you because it has come to my attention that I have been the victim of Identity theft. I have recently been made aware that someone listed my name as an officer of Caisa Corporation without my knowledge and consent.

Please be advised that I have <u>NEVER</u> been an officer or director of Caisa Corporation and have nothing to do with this entity.

Accordingly, I am attaching an executed resignation. Please remove my name immediately from this entity, since it is there without my permission and I am the victim of a fraud.

Deborah Akers

Sincerely.

TRANSMITTAL LETTER

SUBJECT: CAISA CORPORATION
(Name of Corporation) DOCUMENT NUMBER: H83729
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 Akers
(Name of Person)
Copy Biz, Inc.
(Name of Firm/Company)
7431 NW 57th Street
(Address)
Tamarac, FL 33319
(City/State and Zip Code)
For further information concerning this matter, please call:
Deborah Akers (Name of Person) at (954) 933-0216 (Area Code & Daytime Telephone Number)
(Then code as saymine Telephone Pullbody

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

Amendment Section Division of Corporations

TO:

Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

Deborah Akers	President, Secretary, Director
,	(Title)
CAISA CORPORAT	ON
(Name of	Corporation)
(Document Number, if known)	a corporation organized under the laws of the State of
Florida	
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(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