

K07207

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** COLIS, INC. \_\_\_\_\_  
(Name of Corporation)

**DOCUMENT NUMBER:** K07207 \_\_\_\_\_

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.  
Please return all correspondence concerning this matter to the following:

SCOTT E. COHN, ESQ.  
\_\_\_\_\_  
(Name of Person)

COHN & MONIOUDIS, PA  
\_\_\_\_\_  
(Name of Firm/Company)

800 SE 3RD AVE., SUITE 200  
\_\_\_\_\_  
(Address)

FT. LAUDERDALE, FL 33316  
\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

SCOTT E. COHN, ESQ. \_\_\_\_\_ at ( 954 ) 523-8787  
(Name of Person) (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

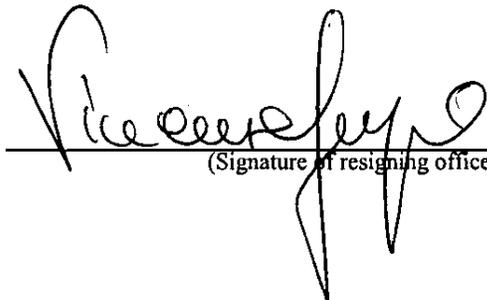
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, VINCENT IENGO, hereby resign as PRESIDENT  
(Title)

of COLIS, INC.  
(Name of Corporation)

K07207, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA.

  
(Signature of resigning officer/director)

**FILED**  
**09 APR 10 AM 10:01**  
**SECRETARY OF STATE**  
**TALLAHASSEE FLORIDA**

**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