## 14/1000007205

(Re	equestor's Name)	•
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PłCK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
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Special Instructions to	Filing Officer:	
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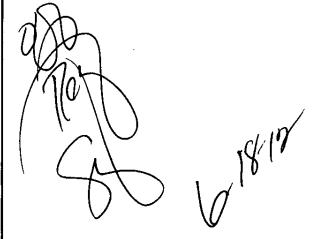
Office Use Only



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## **COVER LETTER**

SUBJECT: ITSM Outreach, Inc.	
SUBJECT:	(Name of Corporation)
DOCUMENT NUMBER: N1100	00007205
The enclosed Officer/Director Resign	nation for a Corporation and fee are submitted for filing
Please return all correspondence cond	cerning this matter to the following:
Antonio Zamora	
(Name of Person	n)
Paucar, Zamora & Hernandez, P	LLC
(Name of Firm/Com	npany)
5825 Sunset Drive, Suite #304	
(Address)	<del></del>
South Miami, Florida 33143	
(City/State and Zip	Code)
For further information concerning th	is matter, please call:
Antonio Zamora	at ( 305 ) 665-6560
(Name of Person)	at ( 305 ) 665-6560  (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made	payable to the Florida Department of State.
Amendment Section Division of Corporations Clifton Building	Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

TO:

Amendment Section Division of Corporations

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, Barbara Shiver	, hereby resign as	5	
		(Title)	CO.
ofITSM Outreach, Inc.			,
(Nam	e of Corporation)		
N11000007205	, a corporation organized under the laws of	f the State of	
(Document Number, if known)	•		
Florida			

y Danbara Shuer (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