P00000030111

(R	equestor's Name)		
(A	ddress)		
(A	ddress)		
(C	ity/State/Zip/Phone #)		
PICK-UP	☐ WAIT	MAIL	
(3)	usiness Entity Name)		
(Document Number)			
Certified Copies	Certificates of S	tatus	
Special Instructions to Filing Officer:			

Office Use Only



000197245820

03/11/11--01019--017 **35.00

DIVISION OF CORPGRAILS:

D) RES

COVER LETTER

TO: Amendment Second Division of Corp	
SUBJECT: X-MAIL, C	CORP.
	(Name of Corporation)
DOCUMENT NUMBE	R: P00000030711
The enclosed Officer/Di	rector Resignation for a Corporation and fee are submitted for filing.
Please return all correspondent	ondence concerning this matter to the following:
ERHAN SAKAOGLU	, ESQ.
(N	lame of Person)
ERHAN SAKAOGLU	, P.A.
(Name	e of Firm/Company)
2701 WEST OAKLAN	ID PARK BLVD. SUITE 405
	(Address)
OAKLAND PARK, FL	.33311
(City/S	State and Zip Code)
For further information of	concerning this matter, please call:
ERHAN SAKAOGLU,	ESQ. 954 \ 486-3711
(Name of	Person) at (954) 486-3711 (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 C Tallahassee, FL 32301	Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I,SAGLAW, ALI	, hereby resign as	(Title)
ofX-MAIL, CORP.		(Title)
P0000030711 (Document Number, if known)	e of Corporation), a corporation organized under the l	aws of the State of
FLORIDA C\();	 Q. /	
UM	Signature of resigning officer/director)	SECRETARY OF STARY OF STARY OF CORPOR

Make checks payable to Florida Department of State and mail to:

FILING FEE IS \$35.00

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314