P01000008102

(Address) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	b
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03 MAR 25 AM 9: 08
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TRANSMITTAL LETTER

INSTITUTE OF INFORMATION TECHNOLOGY INC. (Name of Corporation) P01000008102 **DOCUMENT NUMBER:** The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following: DESMET, EVELYNE MARIA J (Name of Person) DESMET, EVELYNE MARIA J (Name of Firm/Company) PO BOX 470622 (Address) CELEBRATION FL 34747-0622 (City/State and Zip Code) For further information concerning this matter, please call: DESMET, EVELYNE MARIA J (Name of Person) Enclosed is a check for \$35.00 made payable to the Florida Department of State. Street Address: Amendment Section **Mailing Address:** Amendment Section Division of Corporations P.O. Box 6327 Division of Corporations 409 E. Gaines Street

Tallahassee, FL 32399

Tallahassee, FL 32314

TO:

Amendment Section Division of Corporations

OFFICER / DIRECTOR BESIGNATION FOR A CORPORATION

O3 MAR 25 AM 9: 08
TALLAHASSEE. FLORIDA

T DESMET, EVELYNE M J	, hereby resign as SD
	(Title)
of INSTITUTE OF INFORMATIO	ON TECHNOLOGY INC. e of Corporation)
P01000008102 (Document Number, if known)	, a corporation organized under the laws of the State of
FLORIDA	.
	(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