

PO3000083902

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

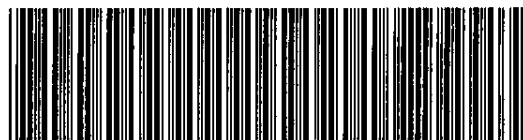
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600212220256

10/27/11--01003--014 **35.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 OCT 27 AM 10:42

FILED

980
2
10-27-11

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Xtreme Computer Consultants, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P03000083902

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Claudia Ciccone

(Name of Person)

Extreme Computer Consultants, Inc.

(Name of Firm/Company)

10627 Wiles Road

(Address)

Coral Springs, Florida 33076

(City/State and Zip Code)

For further information concerning this matter, please call:

Claudia Ciccone

(Name of Person)

at (954) 736-7422

(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

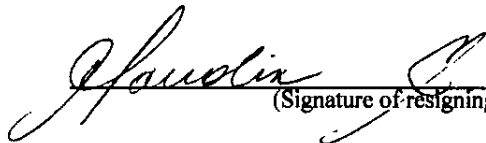
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Claudia Ciccone, hereby resign as President
(Title)

of Xtreme Computer Consultants, Inc.
(Name of Corporation)

P03000083902, a corporation organized under the laws of the State of
(Document Number, if known)

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

FILED
2011 OCT 27 AM 10:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA