

P03000135109

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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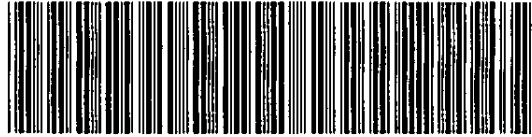
(Business Entity Name)

(Document Number)

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## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: ITDS CONSULTANTS, INC.  
(Name of Corporation)

DOCUMENT NUMBER: P03000135109

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

Please return all correspondence concerning this matter to the following:

Alessandra Cohen  
(Name of Person)

ITDS CONSULTANTS INC.  
(Name of Firm/Company)

5592 NW 125<sup>th</sup> Terrace  
(Address)

Coral Springs, FL 33076  
(City/State and Zip Code)

For further information concerning this matter, please call:

Alessandra Cohen at (954) 461-0000  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Alessandra Cohen, hereby resign as vice president  
(Title)

of ITDS Consultants INC.  
(Name of Corporation)

P03000135109, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA

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Alessandra Cohen  
(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