P0400098183

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	> #)
PICK-UP	☐ WAIT	MAIL
(Bu:	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to I	Filing Officer:	

Office Use Only



900056288559

05 JUN 20 AM II: 56 SLUBE FARY OF STATE ALLAHASSEE, FLORIDA

06/20/05--01030--008 **35.00

is 1/22/07

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: CXITECH Solutions, Inc. (Name of Corporation)
DOCUMENT NUMBER: <u>PO400</u> ∞98/83
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Oristopher C. Pearson (Name of Person)
(Name of Firm/Company)
P.O. Box 130408 (Address)
Tayon, FL 33681-0408 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (8/3) 3/3-2882 (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:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines StreetTallahassee, FL 32314Tallahassee, FL 32399

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION ALLAHASSEE, FLORATION OFFICER / DIRECTOR RESIGNATION OFFICER / DIRECTOR R	9
I, <u>Crain S. Prolimans</u> , hereby resign as <u>Vice Presidented Secrette</u> (Title) Tresud	E 4 1
of extrect Solutions, Trc. (Name of Corporation)	
Poyo 000 98/83, 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