

POS000084766

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

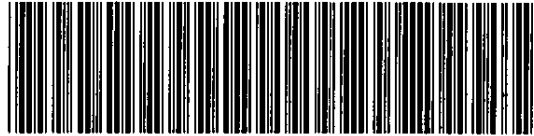
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Office Resign
Elin Murphy
2/14/08

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Immediate Resignation of Director of Ivolution Performance, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P05000084766

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

Please return all correspondence concerning this matter to the following:

Ade Medina

(Name of Person)

~~do not use for filing~~ Maria Wannabo

(Name of Firm/Company)

2728 Villa Dr.

(Address)

Valrico, FL 33596

(City/State and Zip Code)

For further information concerning this matter, please call:

Ade Medina

(Name of Person)

at (813) 910-6576

(Area Code & Daytime Telephone Number)

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

Street Address:

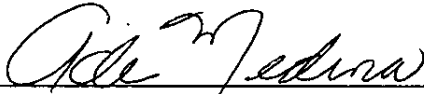
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:

Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, ADE MEDINA, do hereby tender my immediate resignation as a director of the Board
of Directors, of IVOLUTION PERFORMANCE, INC., document number
P05000084766, 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

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