## P05000088175

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	(dress)	<del></del>
(Ci	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Name	e)
(Do	ocument Number)	
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## **COVER LETTER**

TO:	Amendment Section Division of Corporations
SUB.	JECT: INFORMATION SYSTEMS, INC.
	(Name of Corporation)
DOC	UMENT NUMBER: P05000088175
The e	enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Pleas	e return all correspondence concerning this matter to the following:
Dea	n Armitage
	(Name of Person)
INF	ORMATION SYSTEMS, INC.
	(Name of Firm/Company)
20 1	NORTH ORANGE AVENUE SUITE 1400
	(Address)
OR	LANDO FL 32801
	(City/State and Zip Code)
For fi	urther information concerning this matter, please call:
Dea	(Name of Person) at (407 ) 902-9791 (Area Code & Daytime Telephone Number)
	(Name of Person) (Area Code & Daytime Telephone Number)
Enclo	osed is a check for \$35.00 made payable to the Florida Department of State.
Amer Divis Clifto 2661	Mailing Address: Amendment Section Amendment Section Division of Corporations Division of Corporations Division of Corporations Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

OTMAR -8 PM 1:43 Dean Armitage President hereby resign as INFORMATION SYSTEMS, INC. (Name of Corporation) P05000088175 a corporation organized under the law-(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