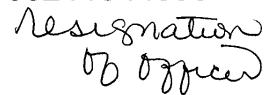
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(Re	equestor's Name)			
(Ad	idress)			
(Ad	ldress)			
(Cit	ty/State/Zip/Phone	<i>⇒#</i>)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				
		. :		

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09/02/11--01009--014 **35.00



9/7/11

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: 1D CHECK. COM CORP. (Name of Corporation) DOCUMENT NUMBER: P\$5\$\$\$\phi\$\$\$\phi\$\$\$143317
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
CHRISTINE DEPIETTO
(Name of Person)
(Name of Firm/Company)
1880 GRANTHAM COURT (Address)
WELLINGTON, FL 33414 (City/State and Zip Code)
For further information concerning this matter, please call:
PETER DEPIETTO (Name of Person) at (56) 714-7170 (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

CR2E044(08/05)

FILED

OFFICER / DIRECTOR RESIGNATION 2011 SEP -2 AM 11: 55

SECRETARY OF STATE
TALLAHASSEE, FLORIDE

CECCOTIVE 8/31/11

			effective of	ייןיי
1. CHRISTINE DEPI	ETTO	_, hereby resign as	VP1 ?	
			(Title)	
of IDCHECK. COM	CORP.			
. (Na	ame of Corporat	ion)		
P\$ 5\$ 6\$ 143317 (Document Number, if known)	, a corpo	oration organized ur	nder the laws of the State	e 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