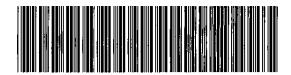
(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	÷#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		
·		

Office Use Only



500213352655

10/31/11--01007--020 **35.00

NOV 01 2011

EXAMINER

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: ID Check. com Corp. (Name of Corporation) DOCUMENT NUMBER: P05000143317
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Michelle Societo (Name of Person)
ID Check.Com Corp. (Name of Firm/Company)
2273 Sunderland Avenue
Wellington FL 33414 (City/State and Zip Code)
For further information concerning this matter, please call:
Michelle Societo at (561) 635-8796 (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

1. Michelle Sociero hereby resign as Secretary (Title))WA	er
of IO Check, Con Corp. Effective 10/3		
(Document Number, if known). a corporation organized under the laws of the State of	•	
Florida.		
	•	
Michelle Sovies		31 7
(Signature of resigning officer/director)	°0CT 31	SIGHT OF
	AH 49	104500 104500 104500 104500

Make checks payable to Florida Department of State and mail to:

FILING FEE IS \$35:00

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314