P06000000515

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



DD/RES (10.00



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COVER LETTER

TO:	Amendment Section		
	Division of Corporations		

SUBJECT: DR IT SOLUTIONS INC

Name of Corporation)

PO6000016515

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

Please return all correspondence concerning this matter to the following:

ROBERTA A. FURTADO
(Name of Person)

DR IT SOLUTIONS INC

2623 COBBLESTONE FOREST CIRE

JACKSONIILE FL 32225
(City/State and Zip Code)

For further information concerning this matter, please call:

POBERTA FURTA DO at (904) 514-7137

(Name of Person) at (904) 514-7137

(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,	ROBE	RHA	FURT	A DO her	eby resign as_	PRES	CIDENT	
					• •		(Title)	
of	DR	IT	SOL	UTION	SIN	<u> </u>	· · · · · · · · · · · · · · · · · · ·	······································
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<u> </u>	(Document N	·	own)	, a corporation	organized und	ier the laws of	ine State of	
	FLORI	DA						
							TAY OF	
				0			OF JUN 30	F
					1 Cur.	•	ASSE ASSE	FILED
			(Si	gnature of resign	ing officer/directe	or)	SEE, FL	2
							SATE OF	3

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