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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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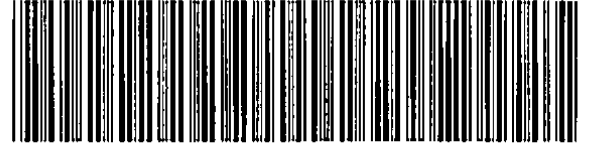
(Business Entity Name)

(Document Number)

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## TRANSMITTAL LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: ADDINSOLUTIONS INC  
(Name of Corporation)

DOCUMENT NUMBER: P06000118417

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

Please return all correspondence concerning this matter to the following:

Andrew Ladanowski

(Name of Person)

ADDINSOLUTIONS INC

(Name of Firm/Company)

10545 GROVE LANE

(Address)

COOPER CITY, FL 33328

(City/State and Zip Code)

For further information concerning this matter, please call:

ANDREW LADANOWSKI at ( 954 ) 815-2402

(Name of Person)

(Area Code & Daytime Telephone Number)

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

**Mailing Address:**

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

**Street Address:**

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

OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION

I, CSILLA LADANOWSKI, hereby resign as PTS  
(Title)

of ADDINSOLUTIONS INC  
(Name of Corporation)

P06000118417, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA

*Csilla Ladanowski*  
(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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2019 AUG 26 AM 11:57  
STATE OF FLORIDA  
TALLAHASSEE, FL