PONOONOBY

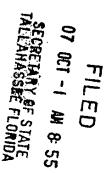
(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
		!

Office Use Only



300109955923

10/01/07--01010--002 **35.00





COVER LETTER

Division of Corporations
SUBJECT: INCOME Tax Expeditors, INC. (Name of Corporation)
DOCUMENT NUMBER: 10760040346
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Angela M. Jakker (Name of Person)
Income Tax Expeditors, INC. (Name of Firm/Company)
5632 VerraZANO DRIVE
WAXHAW NC 28/73 (City/State and Zip Code)
For further information concerning this matter, please call: (42) Angela Lax (104) (Area Code & Daytime/Telephone Number)
(Alea Code & Daytimo Telephone Pulmoer)

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

TO:

Amendment Section

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, Angela M. JAKKE, Rereby resign as Vice-President	<u></u>
	-
of INCOME TAX EXPLICITORS, INC;	
P07000640346, a corporation organized under the laws of the State of (Document Number, if known)	
Florida.	

FILING FEE IS \$35.00

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

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