

PB7000040346

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

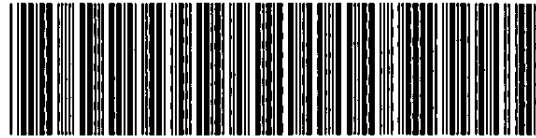
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300110146663

*Resignation
of officer*

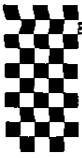
10/05/07--01033--012 **35.00

FILED

2007 OCT -5 PM 3:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

*APL
10/11/07*

**COVER LETTER**

TO: Amendment Section
Division of Corporations

SUBJECT: Income Tax Expeditors, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P07000040346

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

Please return all correspondence concerning this matter to the following:

Silvia Maria Sakker
(Name of Person)

Income tax Expeditors, Inc
(Name of Firm/Company)

2809 Rosser Blvd.
(Address)

Port St. Lucie, FL 34953
(City/State and Zip Code)

For further information concerning this matter, please call:

Silvia Sakker at (561) 901-5818
(Name of Person) (Area Code & Daytime Telephone Number)

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

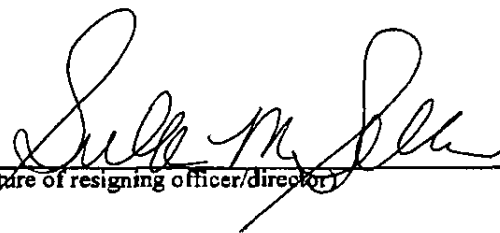
Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Silvia Sakker, hereby resign as President
(Title)
of Income Tax Expeditors, Inc.
(Name of Corporation)
P07000040346 a corporation organized under the laws of the State of
(Document Number, if known)
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