

PO7000047467

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

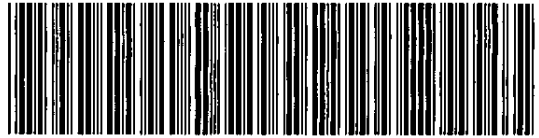
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09 SEP 30 AM 11:50

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** KLEAN IT SERVICES, INC.

(Name of Corporation)

**DOCUMENT NUMBER:** P07000047467

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

Please return all correspondence concerning this matter to the following:

RODOLFO DIAZ

(Name of Person)

KLEAN IT SERVICES, INC.

(Name of Firm/Company)

9391 S.W. 227 LANE

(Address)

MIAMI, FLORIDA 33190

(City/State and Zip Code)

For further information concerning this matter, please call:

RODOLFO DIAZ

(Name of Person)

at ( 786 ) 367-0627

(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**

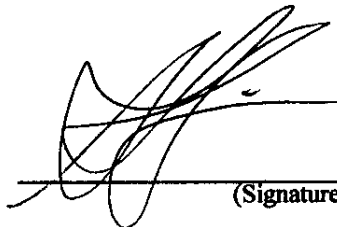
FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
09 SEP 30 AM 11:50

I, ANDREW DIAZ, hereby resign as DIRECTOR  
(Title)

of KLEAN IT SERVICES INC  
(Name of Corporation)

P07000047467, 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