

PO7000062253

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** SYNERGIZED SOLUTIONS, INC.

(Name of Corporation)

**DOCUMENT NUMBER:** P07000062253

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

Please return all correspondence concerning this matter to the following:

(Name of Person)

KATTOURA &amp; ASSOCIATES, INC.

(Name of Firm/Company)

1239 E NEWPORT CENTER DR. SUITE 105

(Address)

DEERFIELD BEACH, FL 33442

(City/State and Zip Code)

For further information concerning this matter, please call:

ANDRE OR MAGDALENA

at ( 954 ) 427-8040

(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

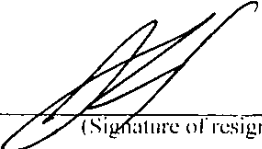
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, JIBRAIL S HINDI, hereby resign as VICE-PRESIDENT  
(Title)

of SYNERGIZED SOLUTIONS, INC.  
(Name of Corporation)

P07000062253, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA

  
(Signature of resigning officer/director)

**FILED**  
**07 DEC 26 PM 1:11**  
**DEPARTMENT OF STATE**  
**TALLAHASSEE, FLORIDA**

**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