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Office Use Only



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## **COVER LETTER**

SUBJECT: Iceage North Inc	
SUBJECT:	(Name of Corporation)
DOCUMENT NUMBER: P09	000060703
The enclosed Officer/Director Resi	gnation for a Corporation and fee are submitted for filing
Please return all correspondence co	ncerning this matter to the following:
jason collins	
(Name of Pers	son)
Iceage North inc	
(Name of Firm/Co	ompany)
11400Causeway Blvd	
(Address)	
new port richey 34654	
(City/State and Zi	p Code)
For further information concerning	this matter, please call:
Thomas Riccardo	at ( 727 ) 856-1802
(Name of Person)	at ( 727 ) 856-1802 (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 mad	e 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 Division of Corporations

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, Jason Collins	, hereby resign as	
	(Title)	
of iceage north inc		
	(Name of Corporation)	
P0900060703 (Document Number, if known	, a corporation organized under the laws of the State of	
FL	W Cell That - 9 Am 8: 3	
	in cell in the	)

## 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