## 010000019067

(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:
·
20

Office Use Only



000184821900

000184821900 09/02/10--01009--002 \*\*35.00

Of Resyn C.COULLIETTE SEP 0 3 2010

**EXAMINER** 

## **COVER LETTER**

TO: Amendment Section Division of Corporations

SUBJECT: Xtreme Gate Solutions, Inc.
(Name of Corporation)
DOCUMENT NUMBER: P10000019067
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Ramon Aguero
(Name of Person)
Xtreme Gate Solutions, Inc.
(Name of Firm/Company)
6671 W. Indiantown Rd. Suite 50183
(Address)
Jupiter, FL 33458
(City/State and Zip Code)
For further information concerning this matter, please call:
Ramon Aguero at (561 201-9420 (Area Code & Daytime Telephone Number)
(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, Abraham Betancourt	, hereby resign as Vice President
	(Title)
of Xtreme Gate Solutions, Inc.	
	Corporation)
P10000019067	a corporation organized under the laws of the State of
(Document Number, if known)	, a corporation organized under the laws or the same or
Florida	
	•

FILING FEE IS \$35.00

(Signature of resigning officer/director)

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

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