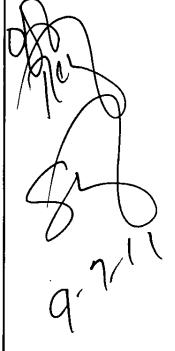
## P100035381

(Re	equestor's Name)	
(Ac	idress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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	Office Use Onl	v



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## **COVER LETTER**

TO:	Amendment Section Division of Corporations
SUB	JECT: IPLANTOGETHER INC.
	(Name of Corporation)
DOC	CUMENT NUMBER: P11000035281
The	enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Pleas	se return all correspondence concerning this matter to the following:
Um	esh Patel
	(Name of Person)
IPL	ANTOGETHER INC.
	(Name of Firm/Company)
176	333 Gunn Hwy #166
·	(Address)
Ode	essa, FL 33556
	(City/State and Zip Code)
For f	orther information concerning this matter, please call:
Ume	esh Patel at ( 813 ) 249-7665  (Name of Person) (Area Code & Daytime Telephone Number)
	(Name of Person) (Area Code & Daytime Telephone Number)
Encl	osed is a check for \$35.00 made payable to the Florida Department of State.
Amer Divis Clifto 2661	Mailing Address:  Indment Section  Identify Sect

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I im Crone	, hereby resign as Treasurer	
- 7	(Title)	
$_{ m of}$ IPLANTOGETHER INC		
	(Name of Corporation)	
P11000035281	, a corporation organized under the laws of the State of	
(Document Number, if know	1)	
Florida	*	
	_	
	int the your see in	
	(Signature of resigning officer/director)	
V		
	The state of the s	

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