P11000082526

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
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SETRETARY OF STATE

SITURD OF CORPORATIONS

C. LEWIS

JUL 3 2014

EXAMINER

TRANSMITTAL LETTER

Division of Corporations
SUBJECT: I + A Whole SA/ERS, Inc. (Name of Corporation)
DOCUMENT NUMBER: P11000082526
BOCOMENT NUMBER: 1 11000000000000000000000000000000000
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
- FRENCE S. FIOR e
(Name of Person)
I 4 A Wholesplers, INC (Name of Firm/Company)
8055 CREEDMOOR DRIVE
JACKSONVILLE F1 32244 (City/State and Zip Code)
For further information concerning this matter, please call:
TREHE S. FIOR e at (954) 734-5140 (Area Code & Daytime Telephone Number)

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section

TO:

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Street Address:
Amendment Section
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

OFFICER / DIRECTOR RESIGNATION FULL OF STATE STATE OF STATE OF STATE OF CORPORATIONS

14 JUN 18 AM 11: 02

I, IREME S. FIORE, hereby resign as_	(Title)
of I + A WholesAlers, Inc	
(Name of Corporation)	
P11000082526, a corporation organized und	er the laws of the State of
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