

P12000061406

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

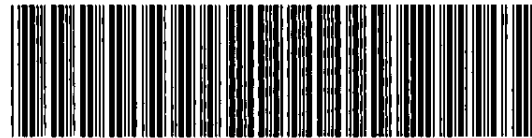
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000211768620

10/01/12--01050--021 **35.00

SECRETARY OF
TALLAHASSEE COUNTY, FLORIDA

2012 OCT -1 AM 10:46

FILED

16-347

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Vault Identity Protection, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P12000061406

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

Please return all correspondence concerning this matter to the following:

David DelVecchio

(Name of Person)

Vault Identity Protection, Inc

(Name of Firm/Company)

5455 North Federal Highway

(Address)

Boca Raton, FL 33487

(City/State and Zip Code)

For further information concerning this matter, please call:

DAvid DelVecchio

(Name of Person)

at (954) 815-8714

(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, Dan F Cleary, hereby resign as VP
(Title)

of Vault Identity Protection, Inc.
(Name of Corporation)

P12000061406, a corporation organized under the laws of the State of
(Document Number, if known)

Florida


(Signature of resigning officer/director)

FILED
2012 OCT -1 AM 13:46
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