

PI7000020893

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

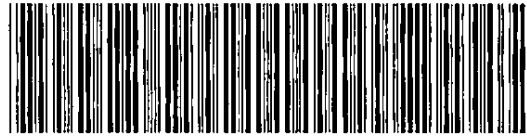
(Business Entity Name)

(Document Number)

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17 JUL 12 2017

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OLD Resignation

JUL 12 2017

D CUSHING

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SIGNATURE IT SOLUTIONS INC
(Name of Corporation)

DOCUMENT NUMBER: P17000020893

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

Please return all correspondence concerning this matter to the following:

SARAVANAN GURUSWAMY
(Name of Person)

SIGNATURE IT SOLUTIONS INC
(Name of Firm/Company)

7402 CORPORATE SQUARE PLAZA
N 56TH ST # 814
(Address)

TAMPA FL 33617
(City/State and Zip Code)

For further information concerning this matter, please call:

SARAVANAN GURUSWAMY at (501) 349-1930
(Name of Person) (Area Code & Daytime Telephone Number)

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

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

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

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, SATYANARAYANA MOTURI, hereby resign as Manager
(Title)

of SIGNATURE IT SOLUTIONS INC.
(Name of Corporation)

P17000020843, a corporation organized under the laws of the State of
(Document Number, if known)

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

FILED
DIVISION OF STATE
CORPORATIONS
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