## 683946

(Requestor's Name)	
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(Address)	
(City/State/Zip/Phone #)	
. , , ,	
PICK-UP WAIT	MAIL
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SECRETARY OF STATE OF STATE OF CORPORATIONS OF CORPORATIONS OF CORPORATIONS

## **COVER LETTER**

Division of Corporations	
SUBJECT: Estrella Insurance, Inc.	(Nome of Composition)
DOCUMENT NUMBER 683946	(Name of Corporation)
DOCUMENT NUMBER: 683946	
The enclosed Officer/Director Resignat	tion for a Corporation and fee are submitted for filing
Please return all correspondence concer	rning this matter to the following:
Natalia Arana	
(Name of Person)	
Estrella & Associates, P.A.	
(Name of Firm/Compa	any)
3750 West Flagler Street	
(Address)	
Miami, Florida 33134	
(City/State and Zip Co	ode)
For further information concerning this	s matter, please call:
Natalia	at (305) 443.2829 (Area Code & Daytime Telephone Number)
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made pa	ayable to the Florida Department of State.
Amendment Section A Division of Corporations D Clifton Building P	Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Callahassee, FL 32314

CR2E044(08/05)

TO: Amendment Section

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## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

DIVISION OF CORPORATIONS

08 DEC -2 PM 12: 25

I, Luz Elena Meneses	, hereby resign as Vice President	
	(Title)	
of_ Estrella Insurance, Inc.		
(Name of	Corporation)	
683946 (Document Number, if known)	, a corporation organized under the laws of the State of	
Florida		
	•	
<i>\</i>	seemont?	
(Sig	mature 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