683946

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
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OB OF C -2 PM 12: 25

COVER LETTER

Division of Corporations	
SUBJECT: Estrella Insurance, le	nc. (Name of Corporation)
DOCUMENT NUMBER: 6839	• •
The enclosed Officer/Director Resig	gnation for a Corporation and fee are submitted for filing
Please return all correspondence cor	ncerning this matter to the following:
Natalia Arana	
(Name of Pers	on)
Estrella & Associates, P.A.	
(Name of Firm/Co	mpany)
3750 West Flagler Street	
(Address)	
Miami, Florida 33134	
(City/State and Zip	o Code)
For further information concerning	this 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 mad	e 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

Qn

TO:

Amendment Section

DIVISION OF CORPORATIONS

08 DEC -2 PM 12: 25

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, Sandra Martin	, hereby resign as Vice President (Title)
<u> </u>	(Title)
of Estrella Insurance, Inc.	
(Name	of Corporation)
683946	_, a corporation organized under the laws of the State of
(Document Number, if known)	
Florida	
	Awatt .
4	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

Dr.