

F08000000943

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

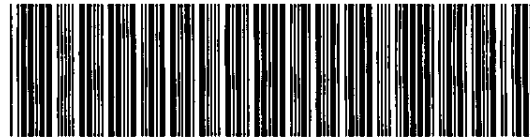
(Business Entity Name)

(Document Number)

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STATE OF FLORIDA  
TALLAHASSEE FIDRDO

old Resignation

**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Asurion Service Plans of Florida, Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** \_\_\_\_\_

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

Please return all correspondence concerning this matter to the following:

**Nikki Brown**  
\_\_\_\_\_  
(Name of Person)

**Asurion Insurance Services**  
\_\_\_\_\_  
(Name of Firm/Company)

**8880 Ward Parkway**  
\_\_\_\_\_  
(Address)

**Kansas City, MO 64114**  
\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

**Nikki Brown** at ( **816** ) **237-3073**  
(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

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14 OCT 15 PM 4:24  
TALLAHASSEE, FLORIDA


**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Steve Ellis, hereby resign as Chief Exec Officer/Director  
(Title)

of Asurion Service Plans of Florida, Inc.  
(Name of Corporation)

F08000000943, a corporation organized under the laws of the State of  
(Document Number, if known)

Delaware

  
(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

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TALLAHASSEE, FLORIDA