

F08000000943

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

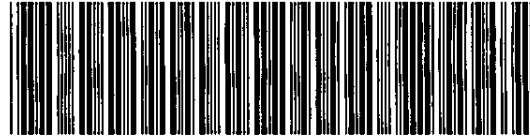
(Business Entity Name)

(Document Number)

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STATE OF FLORIDA
TALLAHASSEE FIDELITY

14 OCT 15 PM 4:24

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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