H82744

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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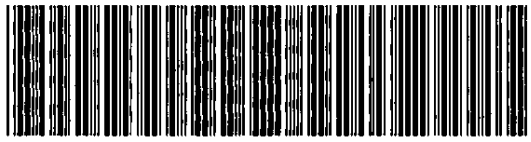

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
10 OCT 28 PM 3:30

OD Res
@ 10/29/10

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, ROLANDO TORRENS, hereby resign as VP
(Title)

of TORRENS INSURANCE INC,
(Name of Corporation)

H82744, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA.

(Signature of resigning officer/director)

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Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314