

PO9000002192

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

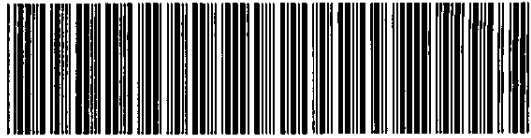
(Business Entity Name)

(Document Number)

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2011 AUG -8 AM 11:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

off. Resign.

TBrown 8-10-11

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Public Adjuster Claim Services, Inc  
(Name of Corporation)

**DOCUMENT NUMBER:** P09000002192

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

Please return all correspondence concerning this matter to the following:

Larry Moskowitz  
(Name of Person)

Public Adjuster Claim Services, Inc.  
(Name of Firm/Company)

2924 Davie Road, Suite 202  
(Address)

Davie, FL 33314  
(City/State and Zip Code)

For further information concerning this matter, please call:

Douglas P. Johnson at ( 954 ) 797-6797  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made 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

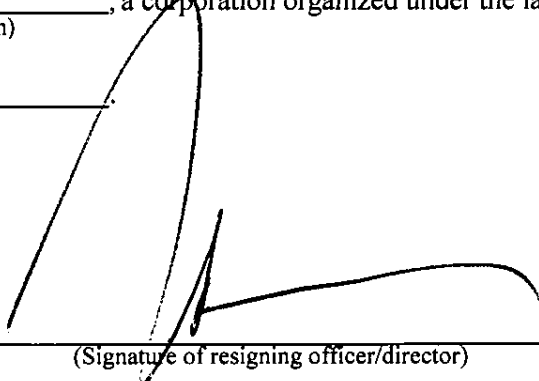
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

**FILED**  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

I, Larry Moskowitz, hereby resign as Vice President  
(Title)

of Public Adjuster Claim Services, Inc.  
(Name of Corporation)

P09000002192, a corporation organized under the laws of the State of  
(Document Number, if known)  
Florida

  
(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