Politico 723827

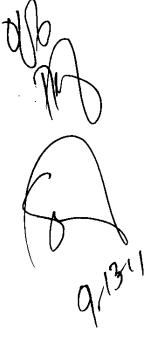
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

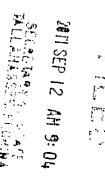
Office Use Only



300211806553

09/12/11--01012--008 **35.00





COVER LETTER

Amendment Section

Division of Corporations
SUBJECT: ASCENDANT COMMERCIAL INSURANCE, Inc. (Name of Corporation) DOCUMENT NUMBER: PO9000072824
· ·
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Victoria M. ORTEZ (Name of Person)
AScendant Conneccial Insurance, Inc. (Name of Firm/Company)
157 E. New England Suite #202
Winter PATK, Fl 32789 (City/State and Zip Code)
For further information concerning this matter, please call:
Victoria Oria at (305) 431-4800 (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
Post Office Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

, Victoria M. Oletiz, hereby resign as Board	Member	<u>_</u>
of Ascendant Commercial Insurance,	tnc_	,
(Document Number, if known), a corporation organized under the laws of the	: State of	
Florida		
(Signature of resigning officer/director)	741 ► 60 920	
FILING FEE IS \$35.00	MITSEP 12 AN	AND THE PROPERTY OF THE PROPER

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

Make checks payable to Florida Department of State and mail to: