## P10000038343

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**EXAMINER** 

## **COVER LETTER**

Amendment Section Division of Corporations

TO:

SUBJECT: Sentinel Insurance	Services Inc.	
SUBJECT:	(Name of Corporation)	
DOCUMENT NUMBER: P1	0000038343	
The enclosed Officer/Director Res	signation for a Corporation and fee are su	bmitted for filing.
Please return all correspondence of	oncerning this matter to the following:	
TERRI ROKER	. •	
(Name of Pe	rson)	•
SENTINEL INSURANCE SEF	RVICES INC	
(Name of Firm/0	Company)	
3360 S UNIVERSITY DRIVE		
(Address	5)	
MIRAMAR, FL 33027		
(City/State and 2	Zip Code)	
For further information concerning	g this matter, please call:	
TERRI ROKER	at ( <u>954)</u> <u>392</u> (Area Code & Daytime Te	-6654
(Name of Person)	(Area Code & Daytime Te	lephone Number)
Enclosed is a check for \$35.00 ma	ade payable to the Florida Department of	State.
•	No.	
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

I. TERRIROKER	, hereby resign as VICE-PRESIDENT
-	(Title)
of SENTINEL INSURANC	E SERVICES INC
<u> </u>	(Name of Corporation)
P10000038343	, a corporation organized under the laws of the State of
(Document Number, if known	<u>)</u>
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