

P150000 80852

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

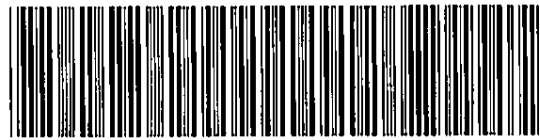
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2018 FEB 20 A 11: 08

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FEB 21 2018

T. LEMIEUX

20

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ALL STAR INSURANCE, RUSKIN, INC. (46-3877516)
(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:

MARIA SANCHEZ
(Name of Person)

ALL STAR INSURANCE, RUSKIN, INC.
(Name of Firm/Company)

3038 E. COLLEGE AVE
(Address)

RUSKIN, FL 33570
(City/State and Zip Code)

For further information concerning this matter, please call:

F. BLAINE PANICO at (813) 689-7767
(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

OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION

I, MARIA SANCHEZ, hereby resign as PRESIDENT
(Title)

of ALL STAR INSURANCE, RUSKIN, INC. (46-3877516)
(Name of Corporation)

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

FLORIDA

Maria Sanchez
(Signature of resigning officer/director)

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and to

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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