

P37142

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

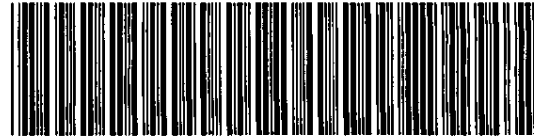
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900265403609

10/15/14--01002--015 **35.00

FILED
14 OCT 15 PM 4:24
SECRETARY OF STATE
CALL 478-8661

old Resignation

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Asurion Consumer Solutions of Florida, Inc.
(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:

Nikki Brown
(Name of Person)

Asurion Insurance Services
(Name of Firm/Company)

8880 Ward Parkway
(Address)

Kansas City, MO 64114
(City/State and Zip Code)

For further information concerning this matter, please call:

Nikki Brown at (816) 237-3073
(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

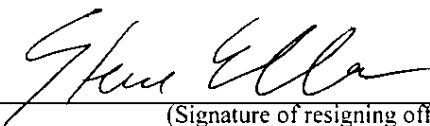
14 OCT 15 PM 4:24
SECRETARY
TALLAHASSEE, FL 32301
FILED

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Steve Ellis, hereby resign as Chief Exec Officer/President/Director
(Title)

of Asurion Consumer Solutions of Florida Inc.
(Name of Corporation)

P37142, a corporation organized under the laws of the State of
(Document Number, if known)
Delaware


(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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
14 OCT 15 PM 4:21
FILED