

683946

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 JAN 20 AM 10:13

OD/Res
@ 1/28/09

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Estrella Insurance, Inc.
(Name of Corporation)

DOCUMENT NUMBER: 683946

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

Please return all correspondence concerning this matter to the following:

Natalia Arana

(Name of Person)

Estrella & Associates, P.A.

(Name of Firm/Company)

3750 West Flagler Street

(Address)

Miami, Florida 33134

(City/State and Zip Code)

For further information concerning this matter, please call:

Natalia

(Name of Person)

at (305) 443.2829

(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:

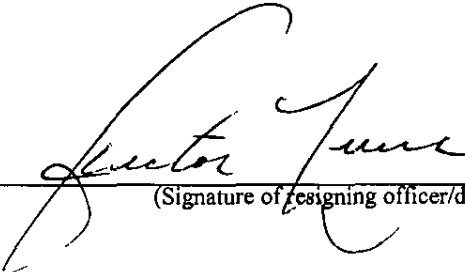
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Hector Luna, hereby resign as Vice President
(Title)

of Estrella Insurance, Inc.
(Name of Corporation)

683946, a corporation organized under the laws of the State of
(Document Number, if known)


(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

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