

683 946

(Requestor's Name)

ESTRELLA INSURANCE, INC.
3750 WEST FLAGLER STREET
MIAMI< FLORIDA 33134

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

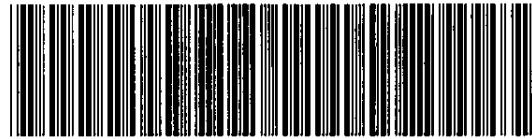
(Business Entity Name)

(Document Number)

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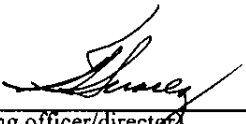
O/D Res
FCS

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Fradyn Suarez, 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)
Florida.


(Signature of resigning officer/director)

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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
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