

F02000004146

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

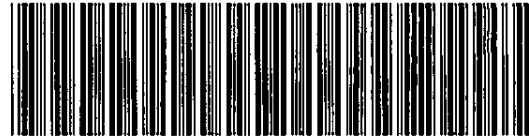
(Business Entity Name)

(Document Number)

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FALLS CHURCH, VA

old Resignation

**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Asurion Warranty Services, 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

(Name of Person)

at ( 816 ) 237-3073

(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


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14 OCT 15 PM 4:24  
STATE ARCHIVES  
TALLAHASSEE, FLORIDA

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

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

of Asurion Warranty Services, Inc.  
(Name of Corporation)

F02000004146, a corporation organized under the laws of the State of  
(Document Number, if known)  
Washington

  
(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

**FILED**  
**14 OCT 15 PM 4:24**  
TALLAHASSEE, FLORIDA