

F980000000612

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

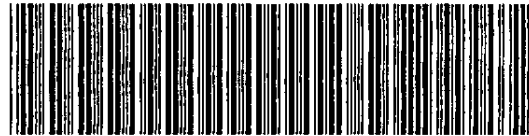
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

off. Resign.
TBrown 4-29-11

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: NATIONAL CATASTROPHE ADJUSTERS, INC.
(Name of Corporation)

DOCUMENT NUMBER: F98000000 612

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

Please return all correspondence concerning this matter to the following:

LINDA SULLIVAN
(Name of Person)

NATIONAL CATASTROPHE ADJUSTERS, INC.
(Name of Firm/Company)

9725 WINDERMERE BLVD.
(Address)

FISHERS, IN 46037
(City/State and Zip Code)

For further information concerning this matter, please call:

JIM PEARL at (317) 915-8888
(Name of Person) (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, Linda Sullivan, hereby resign as Secretary
(Title)

of National Catastrophe Adjusters, Inc.,
(Name of Corporation)

F98000000612, a corporation organized under the laws of the State of
(Document Number, if known)
Illinois


(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