

K07169

(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



200162478332

11/06/09--01014--004 \*\*35.00

RECEIVED  
FALLS CHURCH, VIRGINIA  
NOV - 6 PM 3:17

*off design*

C.COULLETTE

NOV 09 2009

EXAMINER

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** INSURANCE NETWORK SPECIALTIES, INC  
(Name of Corporation)

**DOCUMENT NUMBER:** K07169

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.  
Please return all correspondence concerning this matter to the following:

MICHAEL R. HELLMER  
(Name of Person)

INSURANCE NETWORK SPECIALTIES INC  
(Name of Firm/Company)

1700 N. UNIVERSITY DRIVE, # 110  
(Address)

CORAL SPRINGS, FL 33071  
(City/State and Zip Code)

For further information concerning this matter, please call:

JACK DE LA COVA at ( 954 ) 587 - 6611  
(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, MICHAEL R. HELLMER, hereby resign as DIRECTOR (Title)

of INSURANCE NETWORK SPECIALTES INC,  
(Name of Corporation)

K07169, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA.

x   
(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

RECEIVED  
NOV -6 PM 3:17  
TALLAHASSEE, FLORIDA