

P00000029681

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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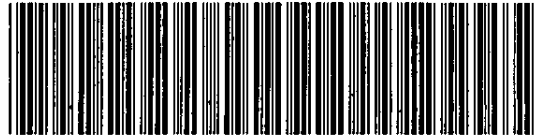
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 JUL 28 AM 8:12

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Old Resign.

8/4/08

DC

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: A-ONE DISCOUNT INSURANCE, INC.
(Name of Corporation)

DOCUMENT NUMBER: P00000029681

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

Please return all correspondence concerning this matter to the following:

FRANCISCO J. IBARRA
(Name of Person)

A-ONE DISCOUNT INSURANCE
(Name of Firm/Company)

13710 SW 56 ST. -SUITE-K
(Address)

MIAMI, FL 33175
(City/State and Zip Code)

For further information concerning this matter, please call:

RAMONA E. ECHEVERRI at (786) 202-4344
(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

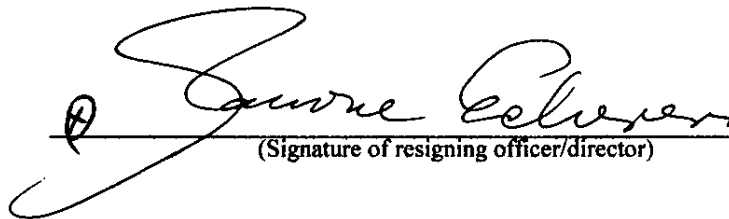
Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION

I, RAMONA E. Echeverri, hereby resign as vice president, treasurer & director
VTD
(Title)

of A-ONE DISCOUNT INSURANCE, INC.
(Name of Corporation)

P00000029681, a corporation organized under the laws of the State of
(Document Number, if known)
Florida


(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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SECRETARY OF STATE
TALLAHASSEE, FLORIDA