

P020000112340

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Capital Claims Group Inc.

(Name of Corporation)

DOCUMENT NUMBER: P02000112340

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

Please return all correspondence concerning this matter to the following:

Jonathan B Dardashti

(Name of Person)

N.C.S Inc.

(Name of Firm/Company)

18640 NW 2 Avenue #69-3996

(Address)

Miami, FL 33269-3996

(City/State and Zip Code)

For further information concerning this matter, please call:

Jonathan B Dardashti

(Name of Person)

at (786) 285-1962

(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
409 E. Gaines Street
Tallahassee, FL 32399

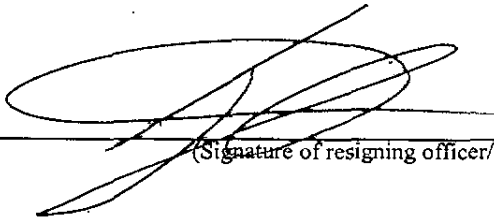
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
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I, Jonathan B Dardashti, hereby resign as Director
(Title)

of Capital Claims Group. Inc.
(Name of Corporation)

P02000112340, 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