

PO2000117111

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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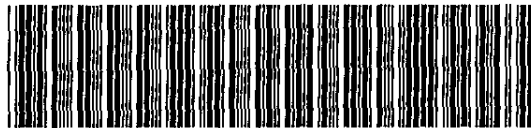
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Order on
5-1-06

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ECUAMEX INSURANCE INC.
(Name of Corporation)

DOCUMENT NUMBER: P02000117111

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

Please return all correspondence concerning this matter to the following:

HUGO PONTON
(Name of Person)

(Name of Firm/Company)

P.O. BOX 152
(Address)

NEW HEAVEN, IN 46774-0152
(City/State and Zip Code)

For further information concerning this matter, please call:

HUGO PONTON at (260) 602-7732
(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, HUGO G. PONTON, hereby resign as VICE - PRESIDENT
(Title)

of ECUANEX INSURANCE, INC.
(Name of Corporation)

P0200017111, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA

Hugo G. Ponton
(Signature of resigning officer/director)

FILED
06 MAY -1 PM 2:18
CLERK OF STATE
TALLAHASSEE, FLORIDA

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