

PO3000058663

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

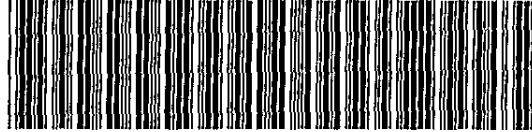
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OFFICE RESIGN  
9/29

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** ALLSTATE P INSPECTIONS, INCORPORATED

(Name of Corporation)

**DOCUMENT NUMBER:** PO 30000 58663

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

CESAR B. LINARES

(Name of Person)

ALLSTATE P INSPECTIONS INCORPORATED

(Name of Firm/Company)

2901 Indian Creek Drive, Suite #4

(Address)

Miami Beach, Florida

(City/State and Zip Code)

For further information concerning this matter, please call:

Marc Jimenez

(Name of Person)

at ( 954 ) 984-0505

(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

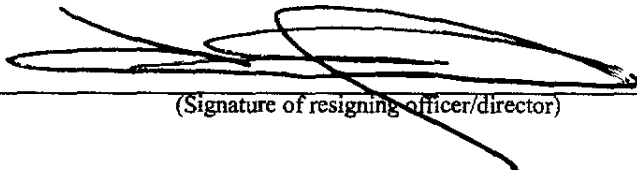
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, CESAR B. LINARES, hereby resign as SECRETARY  
(Title)

of ALLSTATE P INSPECTIONS INCORPORATED  
(Name of Corporation)

PO 30000 S8663, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA

  
(Signature of resigning officer/director)

**FILED**  
04 SEP 23 PM 12:22  
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