

P030000091294

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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TALLAHASSEE, FLORIDA  
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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** National Loss Consultants, Inc  
\_\_\_\_\_  
(Name of Corporation)

**DOCUMENT NUMBER:** P03000091294  
\_\_\_\_\_

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

Please return all correspondence concerning this matter to the following:

Isaac Orzechowitz

\_\_\_\_\_  
(Name of Person)

National Loss Consultants, Inc

\_\_\_\_\_  
(Name of Firm/Company)

1835 NE Miami Gardens Drive #126

\_\_\_\_\_  
(Address)

Miami, FL 33179

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Isaac Orzechowitz at ( 305 ) 962-1118  
\_\_\_\_\_  
(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

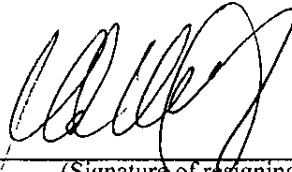
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Isaac Orzechowitz, hereby resign as VP  
(Title)

of National Loss Consultants, Inc  
(Name of Corporation)

P03000091294, a corporation organized under the laws of the State of  
(Document Number, if known)

FL



(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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