

P03000150348

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700113219197

12/27/07--01014--001 **35.00

[Handwritten signature]
6/6/08

FILED
2007 DEC 27 AM 10:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1-308

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Citicenter Insurance Corp
(Name of Corporation)

DOCUMENT NUMBER: P03000150348

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

Please return all correspondence concerning this matter to the following:

Oldemor Santamaria
(Name of Person)

Citicenter Insurance Corp
(Name of Firm/Company)

315 East 49 street #C
(Address)

Hialeah, FL 33013
(City/State and Zip Code)

For further information concerning this matter, please call:

Oldemor Santamaria at (305) 698- 8625
(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, Guiselle Chang, hereby resign as Vice president
(Title)

of Citicenter Insurance Corp
(Name of Corporation)

P03000150348, a corporation organized under the laws of the State of
(Document Number, if known)

Florida


(Signature of resigning officer/director)

FILED
2007 DEC 27 AM 10:15
SECRETARY 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