

P0410000 330 96

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

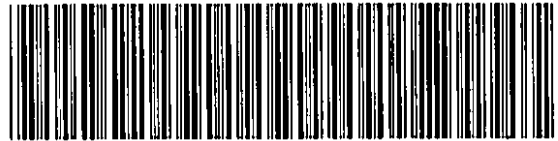
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200315225822

07/09/18--01022--001 \*\*35.00

FILED  
2018 JUL -9 A 10 38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JUL 10 2018

T. LEBLANC

10

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** A Reliable Insurance Corp.

(Name of Corporation)

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

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

Please return all correspondence concerning this matter to the following:

Ramon Umpierre

(Name of Person)

A Reliable Insurance Corp.

(Name of Firm/Company)

50 Wilson Blvd. S#9

(Address)

Naples FL 34113

(City/State and Zip Code)

For further information concerning this matter, please call:

Ramon Umpierre

(Name of Person)

at 305 710-1996

(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  
2661 Executive Center Circle  
Tallahassee, FL 32301

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Ramon Umpierre, hereby resign as President  
(Title)

of A Reliable Insurance Corp.  
(Name of Corporation)

\_\_\_\_\_, 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

**FILED**  
2010 JUL -9 A 10 38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA