

P04000049594

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

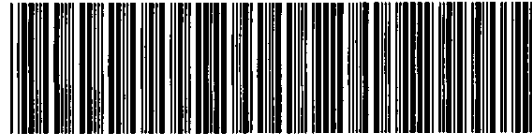
(Business Entity Name)

(Document Number)

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12 FEB -7 PM 2:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FEB 07 2012  
T. ROBERTS

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** ACE INSURANCE & TAGS PLANTATION INC  
(Name of Corporation)

**DOCUMENT NUMBER:** P04000049594

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

Please return all correspondence concerning this matter to the following:

CHARLES NARACE

(Name of Person)

ACE INSURANCE & TAGS PLANTATION INC

(Name of Firm/Company)

8365 W SUNRISE BLVD

(Address)

PLANTATION, FLORIDA 33322

(City/State and Zip Code)

For further information concerning this matter, please call:

CHARLES NARACE

(Name of Person)

at ( 954 ) 648-0847

(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**

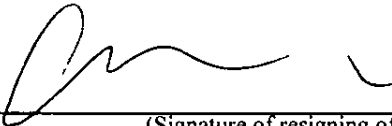
**FILED**  
**12 FEB -7 PM 2:49**  
**SECRETARY OF STATE**  
**TALLAHASSEE FLORIDA**

I, CHARLES NARACE, hereby resign as DIRECTOR  
(Title)

of ACE INSURANCE & TAGS PLANTATION INC .  
(Name of Corporation)

P04000049594, 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