

P04000140329

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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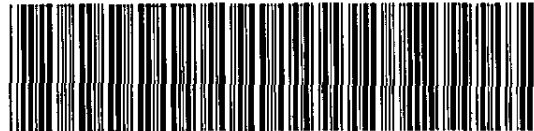
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

011/25 or
11-9-05

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: RESIGNATION OF AN OFFICER / DIRECTOR

(Name of Corporation)

DOCUMENT NUMBER: P04000140329

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

Please return all correspondence concerning this matter to the following:

Kadiolmi Rojas

(Name of Person)

Super Insurance of El Mana, Inc

(Name of Firm/Company)

11362 SW 104ST

(Address)

Miami, FL

(City/State and Zip Code)

For further information concerning this matter, please call:

Kadiolmi Rojas at *305, 255 7087*

(Name of Person)

(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, Carmen Gullon, hereby resign as Vicepresident
(Title)
of Super Insurance of El Manana, Inc
(Name of Corporation)
PO 4000140329, a corporation organized under the laws of the State of
(Document Number, if known)
Florida.

Carmen Gullon
(Signature of resigning officer/director)

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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