P04000140329

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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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:

Kadiolni Rojas
(Name of Person)

Super Insurance of El Mana, Inc
(Name of Firm/Company)

11362 SW 184ST
(Address)

Miami, FL
(City/State and Zip Code)

For further information concerning this matter, please call:

Kadiolni Rojas at (305) 2557087
(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 Grullon, hereby resign as Vicepresident (Title)

of Super Insurance of El Mana, Inc (Name of Corporation)

P04000140329 (Document Number, if known) a corporation organized under the laws of the State of Florida.

Carmen Grullon
(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