

P05000048108

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

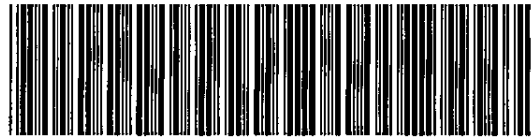
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200097747362

04/25/07--01017--006 **35.00

FILED
07 APR 26 AM 12:13
SECRETARY OF STATE
TALLAHASSEE FLORIDA

TS

2011/4/26

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: EMERGED ASSURED, INC
(Name of Corporation)

DOCUMENT NUMBER: P05000048108

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

Please return all correspondence concerning this matter to the following:

MARGARET DACOSTA

(Name of Person)

EMERGED ASSURED, INC.

(Name of Firm/Company)

18301 NW 2nd COURT

(Address)

MIAMI GARDENS, FL 33169-4443

(City/State and Zip Code)

For further information concerning this matter, please call:

MARGARET DACOSTA at (305) 655-3156
(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

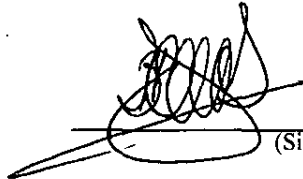
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, BASIL L. DALLAS, hereby resign as DIRECTOR
(Title)

of EMERGED ASSURED, INC.
(Name of Corporation)

P05000048108, 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
07 APR 26 AM 12:13
SECRETARY OF STATE
TALLAHASSEE FLORIDA