

P05000074863

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

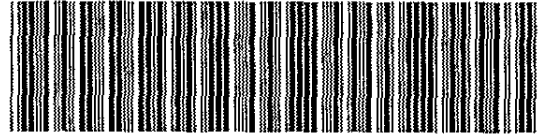
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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
06 NOV - 1 PM 4: 02

## OPTIMA INSURANCE AGENCY

6080 SW 40 St Suite 5

Miami, Florida 33155

Tel: 305 661 9788 Fax 305 661 9880

October 27, 2006

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

To Whom It May Concern:

Enclosed is the signed officer resignation form along with the fee for \$35.00.

Let me know if you need additional information.

Sincerely,



Ana Arguello

### CONFIDENTIALITY NOTICE (HIPAA Compliance):

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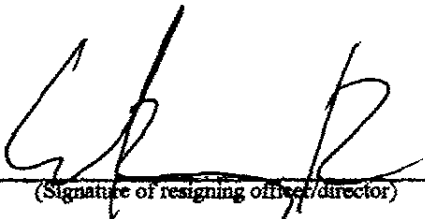
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Enrique Ruiz, hereby resign as V.P.  
(Title)

of OPTIMA INSURANCE AGENCY  
(Name of Corporation)

P05000074863, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA

  
(Signature of resigning officer/director)

FILED STATE  
SECRETARY OF CORPORATIONS  
DIVISION OF CORPORATIONS  
06 NOV - 1 PM 4:02

**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