P05000164340

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TRANSMITTAL LETTER

Division of Corporations Insurance Restoration Solutions, Inc. (Name of Corporation) DOCUMENT NUMBER: P05000164340 The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Kevin Bryant (Name of Person) Insurance Restoration Solutions, Inc. (Name of Firm/Company) 1700 Kennedy Point, Suite C (Address) Oviedo, FL 32792 (City/State and Zip Code) For further information concerning this matter, please call: Patrick E. Lewis (Name of Person) Enclosed is a check for \$35.00 made payable to the Florida Department of State. **Mailing Address: Street Address:** Amendment Section Amendment Section

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

TO:

Amendment Section

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

_{ı.} Kevin Bryant	, hereby resign as Director (Title)
*)	(Title)
of_Insurance Restor	ration Solutions, Inc.
(Nan	ne of Corporation)
P05000164340 (Document Number, if known)	, a corporation organized under the laws of the State of
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