

PD6 000029694

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SUNSHINE CLAIMS Adjusters Inc
(Name of Corporation)

DOCUMENT NUMBER: P06000029694

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

Please return all correspondence concerning this matter to the following:

Jacqueline J. De Varona
(Name of Person)

Sunshine Claims Adjusters INC
(Name of Firm/Company)

1540 N.W. 182 Terr.
(Address)

Pembroke Pines FL 33029
(City/State and Zip Code)

For further information concerning this matter, please call:

Jacqueline De Varona 954 392-0662
(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**

FILED

2008 SEP 11 AM 9:50

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

I, CARLOS E. Gonzalez, hereby resign as V.P.
(Title)

of SUNSHINE CLAIMS ADJUSTERS INC.
(Name of Corporation)

P06000089694, 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