

PD6000112692

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. Coulliette
C.COULLIETTE

APR 28 2009

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: PRO-CLAIMS ADJUSTING, INC.
(Name of Corporation)

DOCUMENT NUMBER: 06000112692

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

Please return all correspondence concerning this matter to the following:

CHRISTOPHER GIL

(Name of Person)

PRO-CLAIMS ADJUSTING, INC.

(Name of Firm/Company)

1420 RODMAN STREET

(Address)

HOLLYWOOD, FL 33020

(City/State and Zip Code)

For further information concerning this matter, please call:

CHRISTOPHER GIL

(Name of Person)

at (786) 539-7791

(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

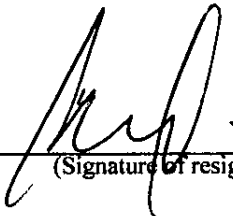
Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, CHRISTOPHER GIL, hereby resign as DIRECTOR
(Title)

of PRO-CLAIMS ADJUSTING, INC.
(Name of Corporation)

P 06000112692, 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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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