

P 06000115180

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

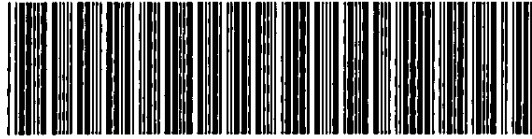
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

O/D Resign

07/25/07

DC

7/10/07

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CLAIMS SUPPORT, INC
(Name of Corporation)

DOCUMENT NUMBER: PO 6000 115180

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

Please return all correspondence concerning this matter to the following:

CARLOS MICHELENA
(Name of Person)

CLAIMS SUPPORT, INC
(Name of Firm/Company)

3211 S.W. 103 AVE
(Address)

MIAMI, FL 33165
(City/State and Zip Code)

For further information concerning this matter, please call:

MARCOS GARCIA at (786) 308-9190
(Name of Person) (Area Code & Daytime Telephone Number)

FAX: (305) 408-5081

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, Carlos Michelena, hereby resign as PRESIDENT
(Title)

of CLAIMS Support, INC
(Name of Corporation)

PO 6000115180 a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA


(Signature of resigning officer/director)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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