

P07000004808

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

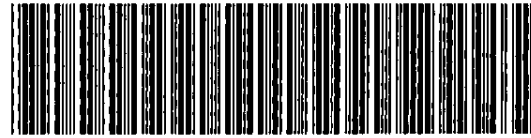
(Business Entity Name)

(Document Number)

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12/27/11--01030--029. \*\*35.00

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10 DEC 27 PM 4:36  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Officer's  
Thurs  
12-29-11

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** GOLD STATE INSURANCE AGENCY CORP  
(Name of Corporation)

**DOCUMENT NUMBER:** P07000004808

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

Please return all correspondence concerning this matter to the following:

MARIA M ALONSO

(Name of Person)

GOLD STATE INSURANCE AGENCY CORP

(Name of Firm/Company)

1161 W 29 ST

(Address)

HIALEAH, FL 33012

(City/State and Zip Code)

For further information concerning this matter, please call:

MARIA M ALONSO

(Name of Person)

at ( 305 ) 885-5640

(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**

**17 DEC 27 PM 4: 36**

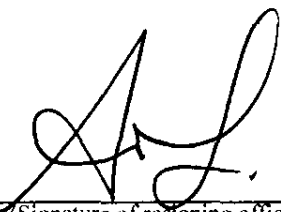
**SECRETARY OF STATE  
TALLAHASSEE FLORIDA**

I, AMBER M LUGO, hereby resign as VICE PRESIDENT  
(Title)

of GOLD STATE INSURANCE AGENCY, CORR  
(Name of Corporation)

P07000004808, 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