P07000071608

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				





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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT:	Continental Insurance Brokers V Inc				
	(Name of Corporation)				
DOCUMENT NUMBER:	P07000071608				
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
Will A	Arcas				
(Name o	f Person)				
Continental Insura	nce Brokers V Inc				
(Name of Fir	rm/Company)				
11321 West Flagler Street					
(Add	ress)				
Miami, F	T 33174				
(City/State a	nd Zip Code)				
For further information concerning this matter, please call:					
Will Arcas	at (305) 221-3477 (Area Code & Daytime Telephone Number)				
(Name of Person	n) (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

l,	Napoleon Irizar	, hereby resign as_	President, Treasurer, Director (Title)	
of	Continental Insuranc			
	(Narr P07000071608	e of Corporation)		a of
	(Document Number, if known)	, a corporation organized under the laws of the state of		
	Florida	·		
			25	. 68
		1	AN HI To	E 1 08 0CT 23
		al al	SSEE	·
		(Signature of resigning officer/direct	tor)	
		(Signature of resigning officer direct WAPOLEON INICA	n. ORIE	D 9: 58

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