

P07000678420

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

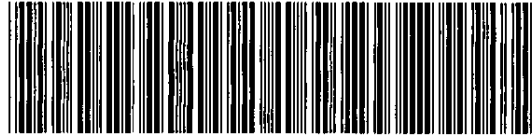
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**TO: Amendment Section  
Division of Corporations**

**SUBJECT: INSURANCE LEADERS, INC.**

(Name of Corporation)

**DOCUMENT NUMBER:** P07000078420

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

**Please return all correspondence concerning this matter to the following:**

(Name of Person)

**Insurance Leaders, Inc.**

(Name of Firm/Company)

**3273 Lake Worth Rd. Ste. F**

**(Address)**

**Palm Springs, FL 33461**

(City/State and Zip Code)

**For further information concerning this matter, please call:**

**Daniela B. Sar**

at ( 561 ) 969-9061

(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**

I, Luis A. Billordo, hereby resign as Vice President  
(Title)

of Insurance Leaders, Inc.  
(Name of Corporation)

P07000078420, 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