

P08000001102

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

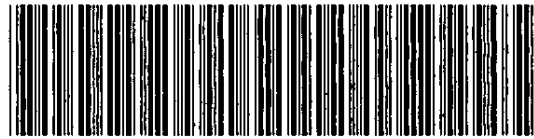
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Resign

G. Goulette JUN 30 2008

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CONFIDENTIAL INSURANCE INC.
(Name of Corporation)

DOCUMENT NUMBER: P08000001102

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

Please return all correspondence concerning this matter to the following:

JUAN J. CARDEAS
(Name of Person)

CONFIDENTIAL INSURANCE INC.
(Name of Firm/Company)

13876 SW 56 ST. PMB 430
(Address)

MIAMI FL 33175
(City/State and Zip Code)

For further information concerning this matter, please call:

JUAN JOSE CARDEAS at (305) 338-2011
(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

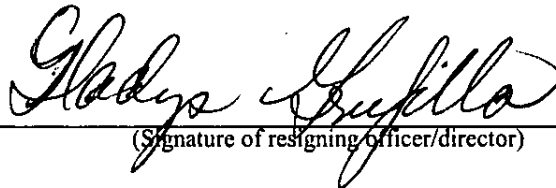
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, GLADYS B. TRUJILLO, hereby resign as VPTS
(Title)

of CONFIDENTIAL INSURANCE INC.
(Name of Corporation)

P08000001102, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA.


(Signature of resigning officer/director)

FILED
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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