

P080000012819

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

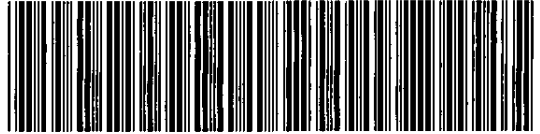
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL 32309

OD/Res  
@ 3/4/10

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** InsurePro Technologies Inc  
(Name of Corporation)

**DOCUMENT NUMBER:** P08000012819

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 DiGiorgio

(Name of Person)

(Name of Firm/Company)

1798 SW 19th ST

(Address)

Miami, FL 33145

(City/State and Zip Code)

For further information concerning this matter, please call:

Maria DiGiorgio

(Name of Person)

at ( 786 ) 208-4055

(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

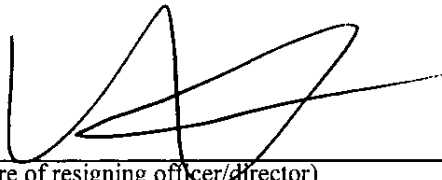
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Maria DiGiorgio, hereby resign as Director  
(Title)

of InsurePro Technologies Inc.  
(Name of Corporation)

P08000012819, 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

FILED  
STATE  
TALLAHASSEE, FLORIDA  
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