

PD80000015298

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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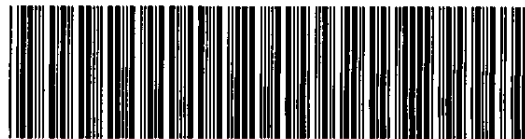
(Business Entity Name)

(Document Number)

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14 NOV 17 PM 2:46

DEC -3 2014

T. CARTER

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Complete Insurance Advisors, Inc
(Name of Corporation)

DOCUMENT NUMBER: P08000015298

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

Please return all correspondence concerning this matter to the following:

Mark Schultes

(Name of Person)

(Name of Firm/Company)

3239 Rambo Lane

(Address)

Wimauma, FL 33598

(City/State and Zip Code)

For further information concerning this matter, please call:

Mark Schultes

(Name of Person)

at (**813**) **516-4798**

(Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

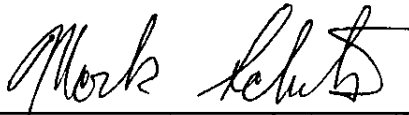
14 NOV 17 PM 2:46

I, Mark Schultes, hereby resign as VP of Operations
(Title)

of Complete Insurance Advisors, Inc
(Name of Corporation)

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

P08000015298



(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