

PO8000051160

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

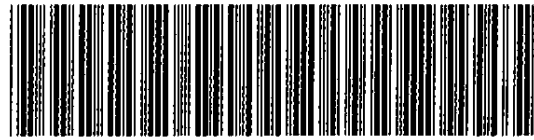
(Business Entity Name)

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TALLAHASSEE, FLORIDA

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 fees
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: NATIONAL CLAIMS SOLUTIONS INC.

(Name of Corporation)

DOCUMENT NUMBER: P08000051160

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

PRISCILLA KIZAR

(Name of Person)

NATIONAL CLAIMS SOLUTIONS INC.

(Name of Firm/Company)

1145 NORTH HARBOR CITY BOULEVARD

(Address)

MELBOURNE, FLORIDA 32935.

(City/State and Zip Code)

For further information concerning this matter, please call:

PRISCILLA KIZAR

(Name of Person)

at (321) 2584344

(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**

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, ANA M. MORRIS, hereby resign as VICE PRESIDENT (VP)
(Title)

of NATIONAL CLAIMS SOLUTIONS INC.
(Name of Corporation)

P08000051160, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA

Ana Morris

(Signature of resigning officer/director)