

PD8000055843

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500276840625

09/28/15--01003--000 \*\*35.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
15 SEP 28 PM 12:09

SEP 30 2015  
C LEWIS

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

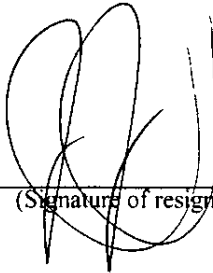
15 SEP 28 PM 12: 09

I, JULIO JIMENEZ, hereby resign as PRESIDENT  
(Title)

of CURTISS INSURANCE, INC.  
(Name of Corporation)

P08000055843, 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