

P08000079608

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

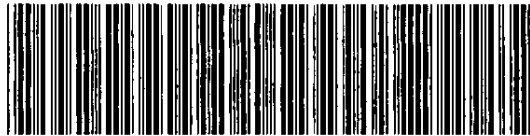
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

OK 7/23/09

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** MotorGuard Warranty, Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** P08000079608

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

Please return all correspondence concerning this matter to the following:

Alberto Tudela

(Name of Person)

MotorGuard Warranty, Inc.

(Name of Firm/Company)

13499 Biscayne Blvd Suite T4

(Address)

North Miami, FL 33181

(City/State and Zip Code)

For further information concerning this matter, please call:

Alberto Tudela

(Name of Person)

at ( 305 ) 919-9727

(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, Michael A. Puchades, hereby resign as Pres, Secty and Director  
(Title)  
of MotorGuard Warranty, Inc.  
(Name of Corporation)

P08000079608, a corporation organized under the laws of the State of  
(Document Number, if known)  
Florida.

  
(Signature of resigning officer/director)

**FILED**  
**09 JUL 17 PM 1:12**  
**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