

P080000080177

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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200187337072

Resignation
of Officer

11/09/10--01008--035 **35.00

FILED
2010 NOV -9 PM 4:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARF
11/12/10

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Insure - up - Florida.
(Name of Corporation)

DOCUMENT NUMBER: PO8000080177

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

Please return all correspondence concerning this matter to the following:

MICHAEL J. ARHANGELSKY
(Name of Person)

(Name of Firm/Company)

3701 PROGRESS PLACE # 1502
(Address)

Palm Harbor FL 34684
(City/State and Zip Code)

For further information concerning this matter, please call:

MICHAEL J. ARHANGELSKY at (727) 812-2676 / 727-812-2676
(Name of Person) (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

Michael J Arhangelsky
3701 Preakness Place # 1502
Palm Harbor, Fl 34684

06/08/2009

RE CFO TITLE WITH INSURE UP FLORIDA INC DOC # PO8000080177

Sunbiz,

Please remove my name from Insure Up Florida Inc. I was never at any time the CFO of this organization. Please feel free to contact me directly if you have any questions or if you need additional information.

Best Regards,

A handwritten signature in black ink, appearing to read 'M. Arhangelsky', written in a cursive style.

Michael J Arhangelsky

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

FILED

**2010 NOV -9 PM 4:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

I, MICHAEL S ARHANGELSKY, hereby resign as CFO
(Title)

of INSURE-UP-FLORIDA, INC.
(Name of Corporation)

PO8000080177, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA

M. Arhangel
(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