## 79000012634

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## **COVER LETTER**

Amendment Section Division of Corporations

TO:

SUBJECT: Insurance in	Network Specialties Transportation, Inc. (Name of Corporation)
DOCUMENT NUMBER	• • • • • • • • • • • • • • • • • • • •
	ctor Resignation for a Corporation and fee are submitted for filing
Please return all correspon	dence concerning this matter to the following:
Timothy L. Rath	
(Nai	me of Person)
Insurance Network Spe	ecialties Transportation,Inc.
(Name c	of Firm/Company)
1700 N University Dr S	uite 110
	(Address)
Coral Springs, FL 3307	71
(City/Sta	ate and Zip Code)
For further information co	ncerning this matter, please call:
Jack De La Cova (Name of Po	at ( 954 ) 587-6611  erson) (Area Code & Daytime Telephone Number)
Enclosed is a check for \$3	5.00 made payable to the Florida Department of State.
Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circ	Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 cle Tallahassee, FL 32314



## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I. Timothy L. Rath	, hereby resign as President/Director
, <u> </u>	(Title)
of Insurance Network Specialties	s Transportation,Inc.
(Name	of Corporation)
P0900012634 (Document Number, if known)	, a corporation organized under the laws of the State of
Florida	<del></del> ·
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' / - 1	

FILING FEE IS \$35.00

(Signature of resigning officer/director)

Make checks payable to Florida Department of State and mail to:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314