## P09000019124

(Requestor's Name)		
•		
(Addrone)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
' <del></del>		
Special Instructions to Filing Officer:		
·		

Office Use Only



700158453507

09/10/09--01002--018 \*\*35.00

M/Dir lesign

09 SEP -8 AM 10: 58

SEURL FARY OF STATE VISION OF CORPORATIONS

T Roberts SEP (1/1/2009)

## **COVER LETTER**

TO:	Amendment Section Division of Corporations		
SUB.	JECT: AMSTAR WARRANTY CORPORATION		
	(Name of Corporation)		
DOC	CUMENT NUMBER: P09000019124		
The e	enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing		
Pleas	se return all correspondence concerning this matter to the following:		
TIM	I GAMWELL		
	(Name of Person)		
AM	STAR WARRANTY CORPORATION		
	(Name of Firm/Company)		
221	5 N.W. 36TH STREET		
	(Address)		
MIA	AMI, FLORIDA 33142		
	(City/State and Zip Code)		
For f	urther information concerning this matter, please call:		
TIM	GAMWELL at ( 305 ) 638-2010 (Area Code & Daytime Telephone Number)		
	(Name of Person) (Area Code & Daytime Telephone Number)		
Encl	osed is a check for \$35.00 made payable to the Florida Department of State.		
Divis Clifto 2661	Mailing Address:  Indment Section  Sion of Corporations  On Building  Executive Center Circle  Chassee, FL 32301  Mailing Address:  Amendment Section  Division of Corporations  Post Office Box 6327  Tallahassee, FL 32314		

· **TO**:

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION



I. RICARDO FAERMAN	, hereby resign as DIRECTOR (Title)
7)	(Title)
of AMSTAR WARRANTY COR	RPORATION
	me of Corporation)
P09000019124 (Document Number, if known)	, a corporation organized under the laws of the State of
FLORIDA	·
	M.,

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