

P 64 0000 90421

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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APR 04 2018

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18 APR -3 AM 11:13
2018

o/d. Resign

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Deductible coverage Inc.
(Name of Corporation)

DOCUMENT NUMBER: PO9000090421

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

Please return all correspondence concerning this matter to the following:

Elvis Chavus
(Name of Person)

(Name of Firm/Company)

1120 Plover Ave.
(Address)

Miami Springs, Fl. 33166
(City/State and Zip Code)

For further information concerning this matter, please call:

Elvis Chavus at (305) 338-0841
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

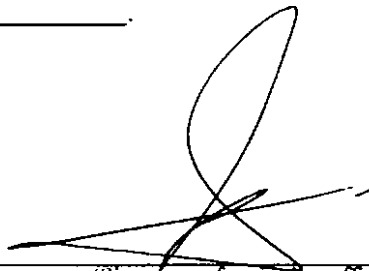
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Elvis Chavez, hereby resign as president
(Title)

of Deductible Coverage Inc.
(Name of Corporation)

009000090421, 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

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TALLAHASSEE, FLORIDA