

P10000/00416

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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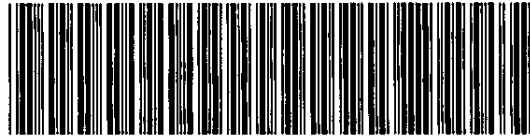
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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FEB 27 2015 5:07 2 833

WD

**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** AMIGO INSURANCE & ASSOCIATES, INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** P10000100416

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

Please return all correspondence concerning this matter to the following:

IAN ILLYCH MARTINEZ, ESQ.

(Name of Person)

BELLO, MARTINEZ & RAMIREZ

(Name of Firm/Company)

800 DOUGLAS ROAD, SUITE 149

(Address)

CORAL GABLES, FL 33134

(City/State and Zip Code)

For further information concerning this matter, please call:

IAN ILLYCH MARTINEZ at 305 442-7970

(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, WILLIAM GARCIA, hereby resign as TREASURER  
(Title)

of AMIGO INSURANCE & ASSOCIATES, INC.  
(Name of Corporation)

P10000100416, 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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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