

P100000/00416

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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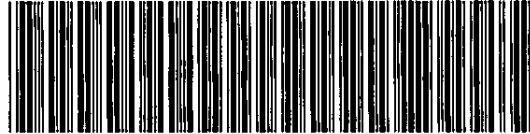
(Business Entity Name)

(Document Number)

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FEB 24 2015
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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

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TALLAHASSEE, FLORIDA

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