

P/1000016319

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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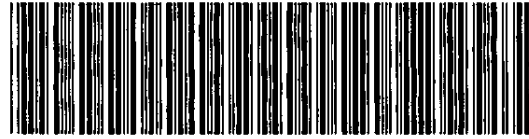
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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4/4/13

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Resignation of Officer
(Name of Corporation)

DOCUMENT NUMBER: P11000016319

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

Please return all correspondence concerning this matter to the following:

John D. Burns

(Name of Person)

Quality Insurance of South Florida, Inc.

(Name of Firm/Company)

8724 S.W. 72nd St.

(Address)

Miami, FL 33173

(City/State and Zip Code)

For further information concerning this matter, please call:

John D. Burns

(Name of Person)

at (**305**) **962-1311**

(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:

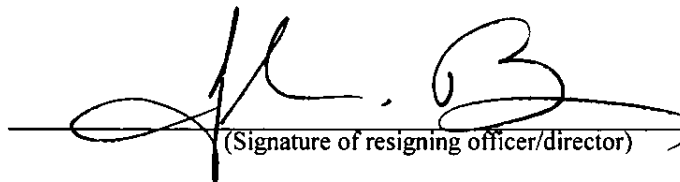
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, John D. Burns, hereby resign as President
(Title)

of Quality Insurance of South Florida, Inc.
(Name of Corporation)

P11000016319, a corporation organized under the laws of the State of
(Document Number, if known)
Florida


(Signature of resigning officer/director)

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TALLAHASSEE, FLORIDA

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