

P110000046604

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

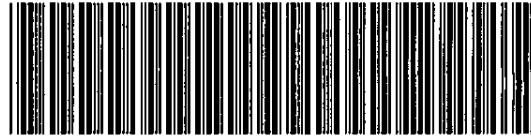
(Business Entity Name)

(Document Number)

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Resign

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DC

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Business Insurance Solutions, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P11000046604

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

Please return all correspondence concerning this matter to the following:

Oscar Pina

(Name of Person)

Business Insurance Solutions, Inc.

(Name of Firm/Company)

4000 Ponce de Leon Blvd., Suite #470

(Address)

Coral Gables, FL 33146

(City/State and Zip Code)

For further information concerning this matter, please call:

Magda C. Pina

(Name of Person)

at (305) 666-0902

(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, Oscar Pina, hereby resign as Vice President
(Title)

of Business Insurance Solutions, Inc.
(Name of Corporation)

P11000046604, 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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