

P110DDDD46604

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400291365184

10/19/16--01015--013 **35.00

FILED
2016 OCT 19 AM 10:09
FILING OFFICE OF THE CLERK

AD/RES

OCT 20 2016
I ALBRITTON

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:

Magda C. Pina
(Name of Person)

Business Insurance Solutions, Inc.
(Name of Firm/Company)

P.O. Box 56-0848
(Address)

Miami, FL 33256-0848
(City/State and Zip Code)

For further information concerning this matter, please call:

Magda C. Pina at (786) 367-3144
(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

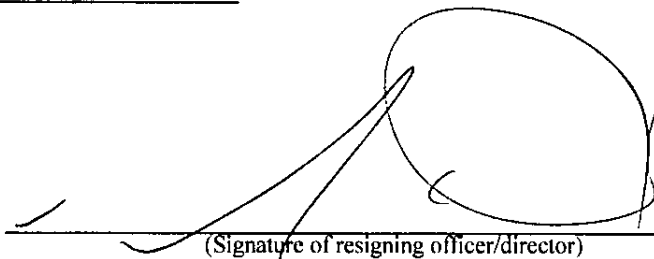
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, 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)

SECRET
FBI/DOJ
FBI/DOJ

2016 OCT 19 AM 10:09

FILED

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