

P12000006181

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

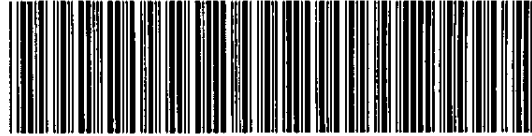
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
15 JUN 30 PM 2:40

JUL 8 2015
C LEWIS

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: TRUEWAY INSURANCE CORP
(Name of Corporation)

DOCUMENT NUMBER: P12000006181

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

Please return all correspondence concerning this matter to the following:

Jose A Lamazares

(Name of Person)

TRUEWAY INSURANCE CORP

(Name of Firm/Company)

3095 S MILITARY TRAIL STE 12

(Address)

LAKE WORTH, FL 33463

(City/State and Zip Code)

For further information concerning this matter, please call:

Jose A Lamazares at 561 318-5540

(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**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

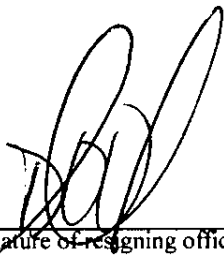
15 JUN 30 PM 2:40

I, Dayana D Olivera, hereby resign as VP
(Title)

of TRUEWAY INSURANCE CORP
(Name of Corporation)

P12000006181, 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