

P12000034262

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

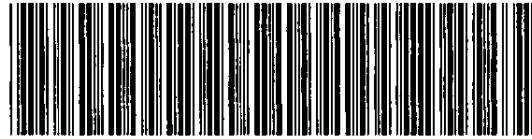
(Business Entity Name)

(Document Number)

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: USA AUTO ASSURANCE Corp
(Name of Corporation)

DOCUMENT NUMBER: P12000034262

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

Please return all correspondence concerning this matter to the following:

Wil Rivera
(Name of Person)

USA AUTO ASSURANCE
(Name of Firm/Company)

915 Doyle Road # 303-241
(Address)

DELTONA, FL 32725
(City/State and Zip Code)

For further information concerning this matter, please call:

Wil Rivera at (407) 864-1333
(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
409 E. Gaines Street
Tallahassee, FL 32399

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Wil Rivera, hereby resign as COO
(Title)

of USA AUTO ASSURANCE,
(Name of Corporation)

912000034262, 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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