

P/20000038325

(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



300234274763

05/03/12--01019--021 **35.00

[Handwritten signature]

58-12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
2012 MAY -3 AM 8:51

FILED

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: GUTIERREZ INSURANCE SOLUTIONS, INC.
(Name of Corporation)

DOCUMENT NUMBER: _____

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 M. GUTIERREZ
(Name of Person)

GUTIERREZ INSURANCE SOLUTIONS, INC.
(Name of Firm/Company)

406 E. HALLANDALE BEACH BLVD.
(Address)

HALLANDALE BEACH, FL 33009
(City/State and Zip Code)

For further information concerning this matter, please call:

JOSE M. GUTIERREZ at (954) 214-7525
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

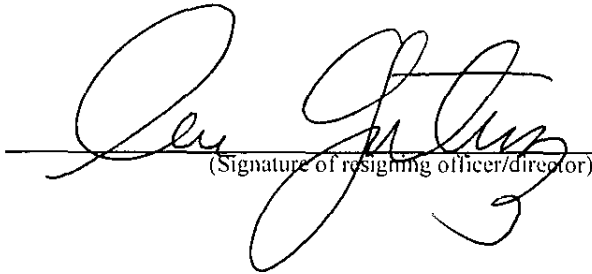
Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, ALEXIS GUTIERREZ, hereby resign as OFFICER
(Title)

of GUTIERREZ INSURANCE SOLUTIONS, INC.
(Name of Corporation)

P12000038325, a corporation organized under the laws of the State of
(Document Number, if known)
FLORIDA


(Signature of resigning officer/director)

2012 MAY -3 AM 8:51
FILED
SECRETARY OF STATE
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