

P120000095951

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

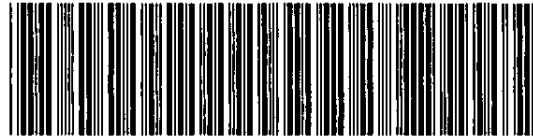
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300242297233

12/06/12--01003--016 **35.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 DEC -6 PM 2:29

DD / RES
12/4/12

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: AMERICA'S BEST CHOICE INSURANCE, INC.

(Name of Corporation)

DOCUMENT NUMBER: P12000095951

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

Please return all correspondence concerning this matter to the following:

John OMalley

(Name of Person)

(Name of Firm/Company)

1360 NW 65 Ave, Suite N

(Address)

Plantation, FL 33313

(City/State and Zip Code)

For further information concerning this matter, please call:

John OMalley

954

865-6832

at (_____) _____

(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:

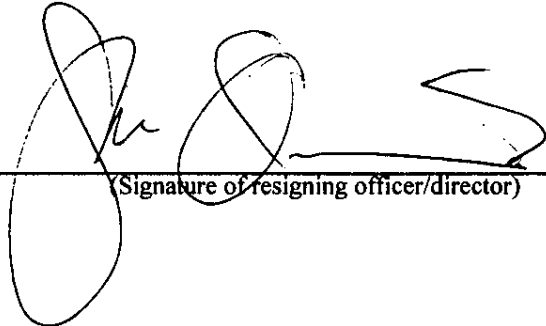
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**


I, John O'Malley, hereby resign as President, Secretary
(Title)

of America's Best Choice Insurance, Inc.
(Name of Corporation)

P12000095951, 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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 DEC -6 PM 2:29