

P13000039148

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

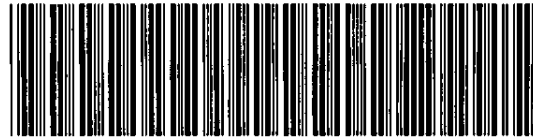
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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R. WHITE

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: NORTH BROWARD INSURANCE SOLUTIONS INC.
(Name of Corporation)

DOCUMENT NUMBER: P13000039148

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

Please return all correspondence concerning this matter to the following:

ALEXANDRA HORBLITT
(Name of Person)

NORTH BROWARD INSURANCE SOLUTIONS INC.
(Name of Firm/Company)

1141 BANKS ROAD
(Address)

MARGATE, FL 33063
(City/State and Zip Code)

For further information concerning this matter, please call:

ALEXANDRA HORBLITT at **954 368-0060**
(Name of Person) (Area Code & Daytime Telephone Number)

*
Fein: 46-2668611

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

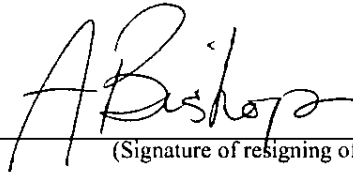
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, ADRIAN L BISHOP, hereby resign as VICE PRESIDENT
(Title)

of NORTH BROWARD INSURANCE SOLUTIONS INC.,
(Name of Corporation)

P13000039148, 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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