

P13000046903

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

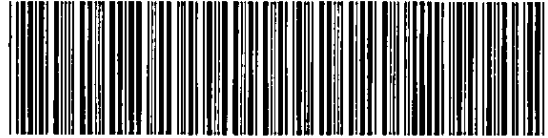
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1/13/20
T SCHNEIDER

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MAD Insurance, Inc.

(Name of Corporation)

DOCUMENT NUMBER: FL3000046903

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

MIKE DONOSO

(Name of Person)

MAD INSURANCE, INC.

(Name of Firm/Company)

830 NW 132ND COURT

(Address)

MIAMI, FL 33182-2251

(City/State and Zip Code)

For further information concerning this matter, please call:

MIKE DONOSO at (305) 3210759

(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

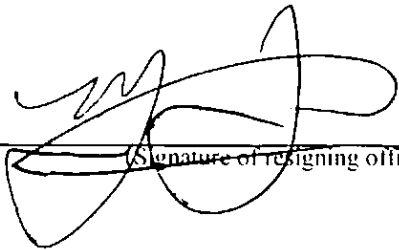
Street Address:
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, MIKE DONOSO, hereby resign as PRESIDENT & CEO
(Title)

of MAD INSURANCE, INC.
(Name of Corporation)

P13000046903, 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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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