

P13000046903

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

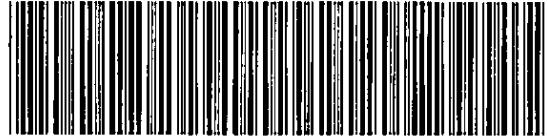
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



W. J. SCHWULER

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** MAD Insurance, Inc.  
\_\_\_\_\_  
(Name of Corporation)

**DOCUMENT NUMBER:** PL3000046903  
\_\_\_\_\_

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

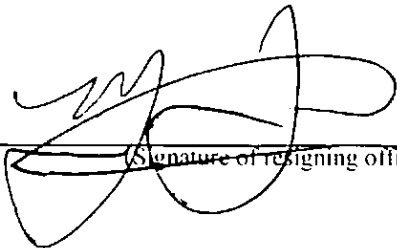
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

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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