

P13000056494

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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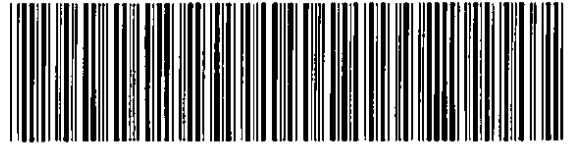
(Business Entity Name)

(Document Number)

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23/11/13 PM 3:36

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Foundation Life and Health Insurance Agency, INC  
\_\_\_\_\_  
(Name of Corporation)

**DOCUMENT NUMBER:** P13000056494  
\_\_\_\_\_

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

Please return all correspondence concerning this matter to the following:

Megarrett Theodore  
\_\_\_\_\_  
(Name of Person)

\_\_\_\_\_  
(Name of Firm/Company)

15379 SW 62 Street  
\_\_\_\_\_  
(Address)

Miami Florida 33193  
\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Megarrett Theodore at ( 305 ) 606-7623  
\_\_\_\_\_  
(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**


13.11.13 10:13:36

I, Megarrett Theodore, hereby resign as VP (10% Ownership)  
(Title)

of Foundation Life and Health Insurance Agency, INC  
(Name of Corporation)

P13000056494, 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