

P/3000057481

(Requestor's Name)

(Address)

(Address)

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Beacon Financial & Insurance Solutions, Corp.
(Name of Corporation)

DOCUMENT NUMBER: P13000057481

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

Please return all correspondence concerning this matter to the following:

Alberto A. Requeira
(Name of Person)

Beacon Financial & Insurance Solutions.
(Name of Firm/Company)

2332 Galiano Street, Second floor.
(Address)

Coral Gables, FL 33134
(City/State and Zip Code)

For further information concerning this matter, please call:

Alberto A. Requeira at (305) 609-8448
(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
2661 Executive Center Circle
Tallahassee, FL 32301

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

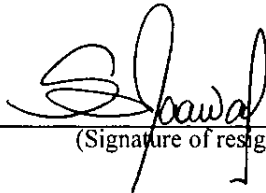
15 MAY 22 PM 2:20

I, Stephanie Mouawad, hereby resign as VP, Director & CFO
(Title)

of Beacon Financial & Insurance solutions, corp.
(Name of Corporation)

PB000057481, 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