

P130000057928

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 617-6380

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Fax Number : (305) 860-2076

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**COR AMND/RESTATE/CORRECT OR O/D RESIGN  
HORUS RISK MANAGEMENT CORP.**

|                       |         |
|-----------------------|---------|
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**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Horus Risk Management Corp  
(Name of Corporation)

**DOCUMENT NUMBER:** P13000057928

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

Alex Dobarganes

(Name of Person)

Horus Risk Management Corp

(Name of Firm/Company)

18553 SW 104th Ave

(Address)

Miami, FL 33157

(City/State and Zip Code)

For further information concerning this matter, please call:

Alex Dobarganes at (305) 233-0544 ext. 102  
(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

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OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

I, William Bouchery, hereby resign as VCFO  
(Title)

of Horus Risk Management Corp.  
(Name of Corporation)

P13000057928, 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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