P13000076324

(Re	equestor's Name)	
(Ad	ldress)	
(Ac	idress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	
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TRANSMITTAL LETTER

SUBJECT: ALLSTATE MANAGEMENT SERVICES OF SOUTH FLORIDA, INC. (Name of Corporation)
DOCUMENT NUMBER: P13000076324
DOCUMENT NUMBER: 1 1300007 0324
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
KATHLEEN E. RHODES
(Name of Person)
ALLSTATE MANAGEMENT SERVICES OF SOUTH FLORIDA, INC.
(Name of Firm/Company)
2411 NW Sand St (Address)
Tamarac, FL 33309 (City/State and Zip Code)
For further information concerning this matter, please call:
KATHLEEN E. RHODES at (954) 295 - 4070 (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payable to the Florida Department of State.
Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 63272661 Executive Center CircleTallahassee, FL 32314Tallahassee, FL 32301

Amendment Section Division of Corporations

TO:

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

JOHN E. RHODES	, hereby resign	ras VICE-PRES (Title)	IDENT
ALLSTATE MANAGEMENT S	ERVICES OF	SOUTH FLORIDA	A, INC.
(Name of Corp., a co (Document Number, if known) 213000076324 Flock IDA	orporation organized	d under the laws of the St	ate of
(Signatur	re of resigning officer/o	director)	13 NOV
			18 PH 1:

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