

P14000094674

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000288456590

08/09/16--01007--002 **35.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2016 AUG -8 PM 2:23

AUG 18 2016

C LEWIS

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: LOVE & LOVE INSURANCE INC
(Name of Corporation)

DOCUMENT NUMBER: P14000094674

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

Please return all correspondence concerning this matter to the following:

IAN ILLYCH MARTINEZ, ESQ.
(Name of Person)

BELLO & MARTINEZ, PLLC
(Name of Firm/Company)

2850 DOUGLAS ROAD, SUITE 303
(Address)

CORAL GABLES FL 33134
(City/State and Zip Code)

For further information concerning this matter, please call:

IAN MARTINEZ, ESQ at (305) 442-7970
(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
DIVISION OF CORPORATIONS

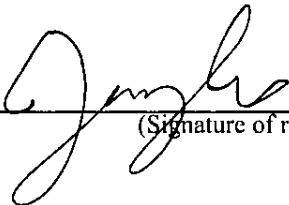
2016 AUG -8 PM 2: 23

I, JEREMY EHRENTAL, hereby resign as PRESIDENT
(Title)

of LOVE & LOVE INSURANCE, INC.
(Name of Corporation)

P14000094674, 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