

P14000096972

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

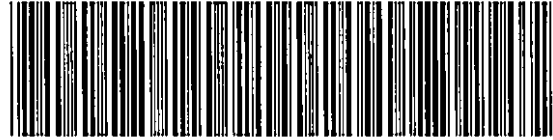
(Business Entity Name)

(Document Number)

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2017 NOV 20 AM 10:28

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C. GOLDEN

NOV 21 2017

## TRANSMITTAL LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Aspire Insurance, Inc.  
(Name of Corporation)

DOCUMENT NUMBER: P140000 96972.

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

Please return all correspondence concerning this matter to the following:

Phil Schepens.  
(Name of Person)

Aspire Insurance Inc.  
(Name of Firm/Company)

24834 State rd 54  
(Address)

Lutz FL 32559  
(City/State and Zip Code)

For further information concerning this matter, please call:

Phil Schepens at ( 813 ) 482-6563.  
(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**

I, Janifer Scheans, hereby resign as Vice president  
(Title)

of Aspire Insurance Inc.  
(Name of Corporation)

P14000046972, a corporation organized under the laws of the State of  
(Document Number, if known)

Florida.

Janifer Scheans  
(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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