

P14000100443

(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



500301754885

07/27/17--01006--020 \*\*35.00

FILED

17 JUL 27 PM 4:19

ALLAHBADI, FLORIDA

AUG 03 2017

S. YOUNG

**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** America Enroll Insurance Advisors, Inc  
(Name of Corporation)

**DOCUMENT NUMBER:** P14000100443

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

Please return all correspondence concerning this matter to the following:

**Randa Masri**

(Name of Person)

**America Enroll Insurance, Inc**

(Name of Firm/Company)

**2670 North University Drive ST 201**

(Address)

**Sunrise FL 33322**

(City/State and Zip Code)

For further information concerning this matter, please call:

**Randa Masri**

(Name of Person)

at ( **754** ) **244-5944**

(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, Mohamad Masri, hereby resign as Vice President  
(Title)

of America Enroll Insurance Advisors, Inc,  
(Name of Corporation)

P14000100443, 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

FILED  
17 JUL 27 PM 4:19  
TALLAHASSEE, FLORIDA