

P15000014465

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

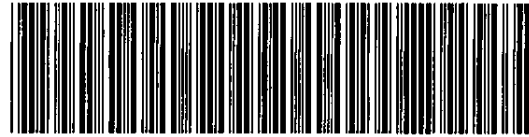
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/22/15--01019--015 **35.00

FILED
15 OCT -8 AM 11:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

q/d Resign.

OCT 15 2015

D CONNELL



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 29, 2015

ALTAF SATTAR
SOFTBOOKS INC.
5373 N. NOB HILL ROAD
SUNRISE, FL 33351

SUBJECT: HEALTH PLANS DIRECT INC
Ref. Number: P15000014465

We have received your document for HEALTH PLANS DIRECT INC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$35.00.

The fee to resign as officer/director for a corporation is \$35 per person resigning.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6050.

Darlene Connell
Regulatory Specialist III

Letter Number: 215A00020589

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: HEALTH PLANS DIRECT INC
(Name of Corporation)

DOCUMENT NUMBER: P15000014465

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

Please return all correspondence concerning this matter to the following:

ALTAF SATTAR

(Name of Person)

SOFTBOOKS INC

(Name of Firm/Company)

5373 N NOB HILL ROAD

(Address)

SUNRISE, FL 33351

(City/State and Zip Code)

For further information concerning this matter, please call:

PRITI PATEL

(Name of Person)

at (954) 874-6230

(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, PRANTASHRI DAS, hereby resign as PRESIDENT
(Title)

of HEALTH PLANS DIRECT INC,
(Name of Corporation)

P15000014465, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA

Prantashri Das.
(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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SECRETARY OF STATE
TALLAHASSEE, FLORIDA