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## TRANSMITTAL LETTER

Division of Corporations			
SUBJECT: D & S Insurance Solutions Inc			
(Name of Corporation)			
DOCUMENT NUMBER: P15000027924			
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing			
Please return all correspondence concerning this matter to the following:			
Christopher Burke			
(Name of Person)			
(Name of Firm/Company)			
5970 Funston Street			
(Address)			
Hollywood Florida 33023			
(City/State and Zip Code)			
For further information concerning this matter, please call:			
Chris Burke  (Name of Person)  at (954) 681-6860  (Area Code & Daytime Telephone Number)			
(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:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 63272661 Executive Center CircleTallahassee, FL 32314Tallahassee, FL 32301			

TO: Amendment Section

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

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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