

716000004926

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

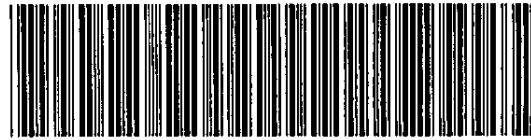
(Business Entity Name)

(Document Number)

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FEBRUARY 13 2018
TALLAHASSEE, FLORIDA

NOV 13 P 2 04

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NOV 14 2017

T. LEMIEUX

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MK Insurance Inc.

(Name of Corporation)

DOCUMENT NUMBER: P16000004920

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

Please return all correspondence concerning this matter to the following:

Lisandra Saborit

(Name of Person)

MK Insurance, Inc.

(Name of Firm/Company)

3923 Lake Worth Rd, Suite 211

(Address)

Lake Worth, FL 33461

(City/State and Zip Code)

For further information concerning this matter, please call:

Lisandra Saborit

561

814-5919

at ()

(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

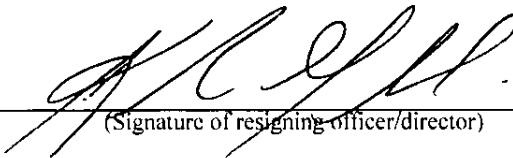
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

Kendra Grilli CEO
I, _____, hereby resign as _____
(Title)

MK Insurance, Inc.
of _____
(Name of Corporation)

P16000004920

_____, 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

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DEPARTMENT OF STATE

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