

P16000079783

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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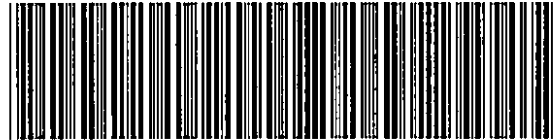
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Klein Claim Service, Inc.  
\_\_\_\_\_  
(Name of Corporation)

**DOCUMENT NUMBER:** P16000079783  
\_\_\_\_\_

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

Please return all correspondence concerning this matter to the following:

Rick Klein  
\_\_\_\_\_  
(Name of Person)

Klein Claim Service, Inc.  
\_\_\_\_\_  
(Name of Firm/Company)

701 N Lakeshore Blvd  
\_\_\_\_\_  
(Address)

Howey in the Hills, FL 34737  
\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Rick Klein at (352) 346-9666  
\_\_\_\_\_  
(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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Donna K. Klein, hereby resign as Secretary and Treasurer  
(Title)

of Klein Claim Service, Inc.  
(Name of Corporation)

P16000079783, a corporation organized under the laws of the State of  
(Document Number, if known)  
Florida  
\_\_\_\_\_.

  
(Signature of resigning officer/director)

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SECRETARY OF STATE  
TALLAHASSEE FL

**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