## P11000987173

or's Name)
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] WAIT MAIL
s Entity Name)
nt Number)
Certificates of Status
Officer:

Office Use Only



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## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Safeway Best Insurance, INC (Name of Corporation)
DOCUMENT NUMBER: <u>17000098773</u>
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
USama Jamil (Name of Person)
Safeway Best Insurance INC J(Name of Firm/Company)
Safeway Best Insurance, INC J(Name of Firm/Company)  10730 N. 56+4 St. #209  (Address)
Tampa FC 33617 (City/State and Zip Code)
For further information concerning this matter, please call:
Usama Jamil at (813) 614-7019 (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
Rease send any future Responses to my email
CRZE044 (05/13) USa majamil 1970 @ yahow. com
Thank you

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

, Usama Jamil, hereby resign as (Title)
of Safeway Best Insurance INC.
P17000098773, a corporation organized under the laws of the State of
(Document Number, if known)  Conda USA.
(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

SUCKETARY DE STATE.