

P94000033202

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000160172120

09/17/09--01008--018 **35.00

FILED
09 SEP 17 PM 1:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

diss
C.COULLIETTE

SEP 18 2009

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CABRERA INSURANCE, CORP.
(Name of Corporation)

DOCUMENT NUMBER: P94000033202

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

Please return all correspondence concerning this matter to the following:

BLANCA CABRERA

(Name of Person)

CABRERA INSURANCE CORP.

(Name of Firm/Company)

1840 W 49TH ST STE 519

(Address)

HIALEAH, FL 33012

(City/State and Zip Code)

For further information concerning this matter, please call:

Blanca Cabrera at (305) 556 2160
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:

Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

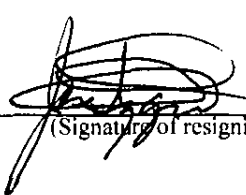
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, JOSE A. IZQUIERDO, hereby resign as TREASURER
(Title)

of CABRERA INSURANCE CORP.
(Name of Corporation)

P94000033202, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA


(Signature of resigning officer/director) 9/14/09

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

FILED
09 SEP 17 PM 1:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA