

P95000048704

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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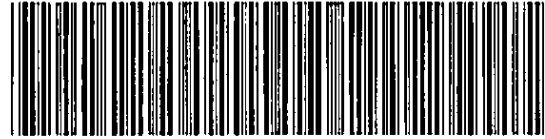
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2020 JAN 23 AM 11:02

OP-RS17

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Insurance Claim Consultants, Inc.

(Name of Corporation)

DOCUMENT NUMBER: P95000048704

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

Please return all correspondence concerning this matter to the following:

Ronald F Delo

(Name of Person)

Insurance Claim Consultants, Inc.

(Name of Firm/Company)

711 S. Howard Avenue, Suite 200

(Address)

Tampa, FL 33606

(City/State and Zip Code)

For further information concerning this matter, please call:

Ronald F Delo at (727) 647-7195

(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, Dawn A Datso, hereby resign as Vice President, Secretary, Director
(Title)

of Insurance Claim Consultants, Inc.
(Name of Corporation)

P95000048704, a corporation organized under the laws of the State of
(Document Number, if known)
Florida

Dawn A Datso Digitally signed by Dawn A
Datso
Date: 2020.01.20 15:29:54 -06'00'
(Signature of resigning officer/director)

2020 JAN 23 AM 11:02

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