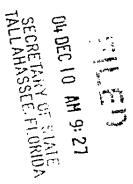


(Red	questor's Name)	
(Add	dress)	
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(City	//State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Na	me)
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Certified Copies	Certificate	s of Status
Special Instructions to F	filing Officer:	
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12/10/04--01012--015 **35.00





TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: GUESTRUM AUTO Ansurance agency In (Name of Corporation) DOCUMENT NUMBER: P9 50000 89 4 55
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Jonathan wroth (Name of Person)
(Name of Firm/Company) In C
178 W. Militan Tr. (Address)
West Palm Beach 40. 33415 (City/State and Zip Code)
For further information concerning this matter, please call:

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

Malling Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, Jonathan C. Wroth, hereby resign as_	President (Title)
of Crute Strain A Deto Insuran (Name of Corporation)	a ayma Joc.
QQ 50000 89455 a corporation organized und	U
Florida.	

(Signature of resigning officer/director)

(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