

P95000G 97932

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

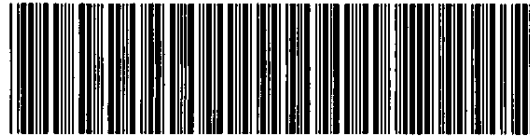
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATION
13 OCT 21 AM 9:25

OCT 28 2013
T. LEMMEUX

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: NESPRAL INSURANCE INC
(Name of Corporation)

DOCUMENT NUMBER: P95000097932

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

Please return all correspondence concerning this matter to the following:

FRANK NESPRAL

(Name of Person)

NESPRAL INSURANCE INC

(Name of Firm/Company)

2500 SW 107 AVE #38

(Address)

MIAMI/FL 33165

(City/State and Zip Code)

For further information concerning this matter, please call:

FRANK NESPRAL

(Name of Person)

at (**305**) **227-6417**

(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
2661 Executive Center Circle
Tallahassee, FL 32301

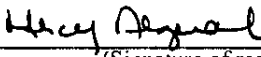
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, MERCY NESPRAL, hereby resign as VICE-PRESIDENT
(Title)

of NESPRAL INSURANCE INC
(Name of Corporation)

P95000097932, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA


(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

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