

P96000011599

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

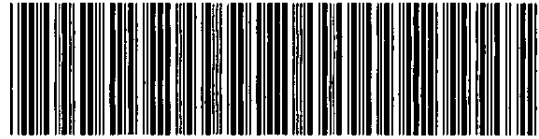
(Document Number)

Certified Copies _____

Certificates of Status _____

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200138743992

*Resignation
of officer*

12/15/08--01015--017 **35.00

FILED
2008 DEC 15 PM 4:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12/16/08

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: All Insurance Agency, Inc

(Name of Corporation)

DOCUMENT NUMBER: P96000011599

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

Please return all correspondence concerning this matter to the following:

Rosa M. Aguilar

(Name of Person)

All Insurance Agency, Inc

(Name of Firm/Company)

944 SW 82 Ave

(Address)

Miami FL 33144

(City/State and Zip Code)

For further information concerning this matter, please call:

Rosa M. Aguilar 12/9/08

(Name of Person)

at (305) 264-0808

(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**

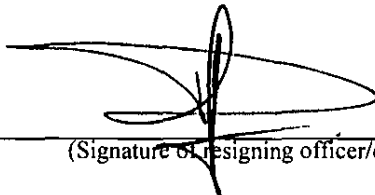
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**2008 DEC 15 PM 4:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

I, Pablo Aguilar, hereby resign as Vice President
(Title)

of All Insurance Agency, Inc
(Name of Corporation)

P96000011599, a corporation organized under the laws of the State of
(Document Number, if known)
Florida


12/9/08.
(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