

P96000064/83

(Requestor's Name)

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(City/State/Zip/Phone #)

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TALLAHASSEE, FLORIDA

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8-2/08

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** ASSURANCE PROVIDERS, INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** P96000064183

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

Please return all correspondence concerning this matter to the following:

Jerrold W. Englemen, Esquire

(Name of Person)

Jerrold Engelman, P.A.

(Name of Firm/Company)

407 Lincoln Avenue, Suite 6-C

(Address)

MIAMI BEACH, FL 33139

(City/State and Zip Code)

For further information concerning this matter, please call:

Jerrold Englemen, Esquire

(Name of Person)

at ( 305 ) 673-2443

(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**

**FILED**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

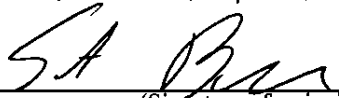
I, SILVIO G. BUENO, hereby resign as PRESIDENT  
(Title)

of ASSURANCE PROVIDERS, INC.  
(Name of Corporation)

P96000064183, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA

This resignation is to correct the 2007 Florida Corporate Annual Filing that was incorrectly filed by the registered agent. My resignation as President of Assurance Providers, Inc. was effective March 7, 2007.

  
(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