

# P97 0000 17543

Requestor's Name

*Fine Insurance Agency*  
880 E. 41 Street  
Hialeah, FL 33013  
Tel: (305) 693-0304  
Fax: (305) 693-2444

400002332704--8  
-10/29/97-01087-003  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

Office Use Only

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☐ Mail out    ☐ Will wait    ☐ Photocopy    ☐ Certificate of Status

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<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

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OTHER FILINGS	
<input type="checkbox"/>	Annual Report
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REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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TALLAHASSEE, FLORIDA

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\*1055,226

Examiner's Initials

LG

Mr Hernandez  
authorized to  
correct name



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

October 20, 1997

FINE INSURANCE AGENCY  
880 East 41st Street  
Hialeah, FL 33013

SUBJECT: FINE INSURANCE, INC  
Ref. Number: P97000017543

This will acknowledge receipt of your correspondence which is being returned for the following reason(s):

The fee to file your document is \$35.

If you have any questions concerning this matter, please either respond in writing or call (850) 487-6910.

Louise Flemming-Jackson  
Corporate Specialist Supervisor

Letter Number: 697A00051133



Florida Department of State, Jim Smith, Secretary of State

AFFIDAVIT OF RESIGNATION OF OFFICER AND/OR DIRECTOR

FILED  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

STATE OF FLORIDA  
COUNTY OF DADE

I, LUIS H. RODRIGUEZ after being duly sworn, state that to the best of my knowledge, information and belief, and under the penalties of perjury, the following is true and correct:

I, LUIS H. RODRIGUEZ, hereby resign as PRESIDENT of  
(Title)  
FINE INSURANCE, INC., a Florida corporation;  
(Name of Corporation)

That the corporation has been notified in writing of the resignation.

Signature of resigning officer/director

Sworn to and subscribed before me this 5th day of September, 1997

NOTARY PUBLIC EDWARD HERNANDEZ  
MY COMMISSION # CC485366 EXPIRES  
August 1, 1999  
BONDED THRU TROY FAIN INSURANCE, INC.

My Commission Expires: \_\_\_\_\_