

P98000068408

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

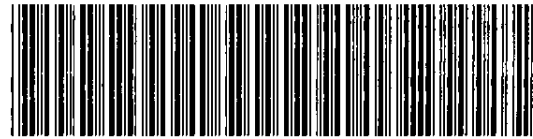
(Business Entity Name)

(Document Number)

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** US INSURANCE SOLUTIONS INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** 52-2120994

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

Please return all correspondence concerning this matter to the following:

JAMES HENTZEL  
(Name of Person)

US INSURANCE SOLUTIONS INC DBA  
(Name of Firm/Company)  
HENTZEL INSURANCE SERVICES  
595 WINDVA ST 109-C  
(Address)

ORLANDO BEACH FLA 32174  
(City/State and Zip Code)

For further information concerning this matter, please call:

JAMES HENTZEL at (386) 672-6970  
(Name of Person) (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

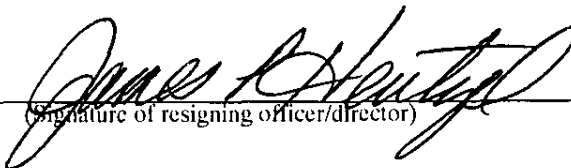
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, JAMES P. HENTZEL hereby resign as PRESIDENT  
(Title)

of US INSURANCE SOLUTIONS INC.  
(Name of Corporation)

52-2120994 PA80000068408  
(Document Number, if known), a corporation organized under the laws of the State of

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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DIVISION OF CORPORATIONS  
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