

P98080068408

(Requestor's Name)

(Address)

(Address)

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C. Coulliette

C.COULLIETTE

AUG 02 2011

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: US Insurance Solutions Inc. /dba Hentzel Insurance Services
(Name of Corporation)

DOCUMENT NUMBER: P98000068408

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

Please return all correspondence concerning this matter to the following:

Sherry E. Hentzel
(Name of Person)

US Insurance Solutions, Inc. /dba Hentzel Insurance Services
(Name of Firm/Company)

7 Twelve Oaks Trail
(Address)

ORMOND BEACH, FL 32174
(City/State and Zip Code)

For further information concerning this matter, please call:

Sherry Hentzel at (386) 673-3407
(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, Sherry E. Hentzel, hereby resign as Secretary/treas.
(Title)

of U.S. Insurance Solutions, Inc.
(Name of Corporation)

P98000068408, 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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