

P99000015557

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ WAIT

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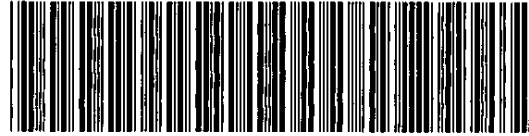
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Officer Resignation

TB

1-23-09

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Arango Insurance, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P99000015557

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

Please return all correspondence concerning this matter to the following:

Jaline Henao-Arango
(Name of Person)

Arango Insurance, Inc.
(Name of Firm/Company)

7808 Marbella Creek Ave.
(Address)

Tampa, FL 33615
(City/State and Zip Code)

For further information concerning this matter, please call:

Jaline Henao-Arango at (813) 290-7757
(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, Luis Humberto Barrios, hereby resign as VP
(Title)

of Arango Insurance, Inc.
(Name of Corporation)

P99000015557, a corporation organized under the laws of the State of
(Document Number, if known)

Florida

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2009 JAN 15 PM 12:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Luis H. Barrios
(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