

P99000020399

(Requestor's Name)

DAVID INSIGNARES
12864 BISCAYNE BLVD. # 203
NORTH MIAMI, FL 33181

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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FILED
06 AUG -3 PM 2:00
TALLAHASSEE, FLORIDA

OD/Res
@ 8.17.06

OFFICER / DIRECTOR RESIGNATION

I, Edgardo Insignares, hereby resign as President of Insignares Inc., a corporation organized under the laws of the State of Florida and affirm that the corporation has been notified in writing of the resignation.


(Signature of resigning officer/director)

8-2-06
(Date)

FILING FEE IS \$35.00

**Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314**

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