

P99000028435

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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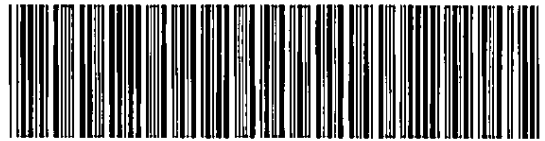
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

JUN 10 2019
C Kinsey

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Resignation of Officer
(Name of Corporation)

DOCUMENT NUMBER: P99000028435

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

Please return all correspondence concerning this matter to the following:

QUENDO, Madelyn G
(Name of Person)

AEROMAX INSURANCE SERVICE, INC
(Name of Firm/Company)

606 ROYAL CREST DRIVE
(Address)

Brandon, Florida 33511
(City/State and Zip Code)

For further information concerning this matter, please call:

Fernando QUENDO at (407) 552-9509
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, MADELYN G. OGUENDO, hereby resign as VP
(Title)

of AEROMAX INSURANCE SERVICE, INC.
(Name of Corporation)

P99000028435, a corporation organized under the laws of the State of
(Document Number, if known)

Florida

Madelyn G. Oguendo
(Signature of resigning officer/director)

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TALLAHASSEE, FL

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