

P990000082935

Requestor's Name

CORAL WAY INSURANCE INC

2248 S.W. 8 Street, Miami, FL 33135

Office Use Only

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TALLAHASSEE, FLORIDA

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

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	Profit
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	Limited Liability
	Domestication
	Other

AMENDMENTS	
	Amendment
	Resignation of R.A., Officer/ Director
	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

OTHER FILINGS	
	Annual Report
	Fictitious Name
	Name Reservation

REGISTRATION/ QUALIFICATION	
	Foreign
	Limited Partnership
	Reinstatement
	Trademark
	Other

DIFFERS
12-15-80
MS



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

November 28, 2000

CORAL WAY INSURANCE, INC.
2248 SW 8th Street
Miami, FL 33135

SUBJECT: CORAL WAY INSURANCE, INC.
Ref. Number: P99000082935

This will acknowledge receipt of your correspondence which is being returned for the following reason(s):

To file a resignation as an officer or director with this office, the enclosed form should be completed and returned with a filing fee of \$35 per person resigning.

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

If you have any questions concerning this matter, please either respond in writing or call (850) 487-6910.

Louise Flemming-Jackson
Corporate Specialist Supervisor

Letter Number: 700A00060454



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

OFFICER / DIRECTOR RESIGNATION


FILED
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TALLAHASSEE, FLORIDA

I, CARRILLO ERNESTO, hereby resign as VICE PRESIDENT
(Title)

of CORAL WAY INSURANCE, INC.,
(Name of Corporation)

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)

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