

194447

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

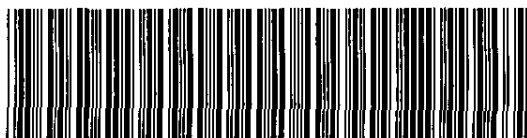
(Business Entity Name)

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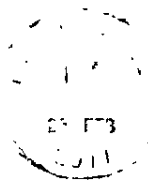
**FLORIDA ASSURERS, INC.
INSURANCE**

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***We Are
Moving...***



**WE WILL BE
IN A NEW LARGER
OFFICE ON MONDAY
FEBRUARY 28, 2011**



194447

FLORIDA DEPARTMENT OF STATE

P.O. BOX 6850

TALLAHASSEE, FL 32314

"Address Change"