

P00000075422

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

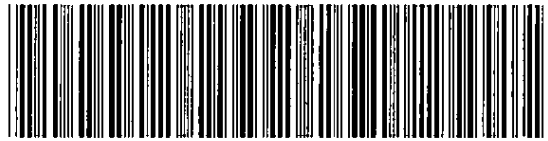
(Business Entity Name)

(Document Number)

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: FLORIDA LAWYERS INSURANCE AGENCY

(Name of Corporation)

DOCUMENT NUMBER: P00000075422

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

CAROL COADY

(Name of Person)

FLORIDA LAWYERS MUTUAL INSURANCE COMPANY

(Name of Firm/Company)

541 E. MITCHELL HAMMOCK ROAD

(Address)

OVIEDO, FL 32765

(City/State and Zip Code)

For further information concerning this matter, please call:

CAROL COADY at (800) 633-6458

(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

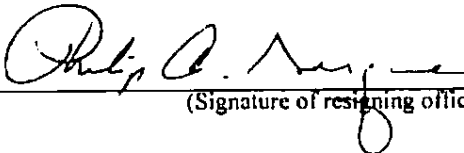
Street Address:
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, PHILIP A. DISQUE, hereby resign as TREASURER
(Title)

of FLORIDA LAWYERS INSURANCE AGENCY
(Name of Corporation)

P00000075422, a corporation organized under the laws of the State of
(Document Number, if known)
FLORIDA


(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

2024 MAY 21 AM 11:30