# P02000128264

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# TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Millam Insurance & Retirement Servi	ices, Inc.		
	(Name of Co	orporation)	
DOCUMENT NUMBER: P02000128264			
The enclosed Officer/Director Resignation	for a Corpor	ration and fee are submitted	for filing
Please return all correspondence concerning	g this matter	to the following:	
Michael J. Millam			
(Name of Person)			
Millam Insurance & Retirement Services, Inc.			
(Name of Firm/Company)			
13500 Sutton Park Dr. S., #102			
(Address)		<del></del>	
Jacksonville, FL 32224			
(City/State and Zip Code)			
For further information concerning this mat	tter, please c	call:	
Mike Millam	904 at (	249-4837 Code & Daytime Telephone l	
(Name of Person)	— ··· (Area	Code & Daytime Telephone	Vumber)

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

Barbara J. Millam	Secretary/Treasurer , hereby resign as	
1	, hereby resign as (Title)	
Millam Insurance & Retirement Service of		
(Nan	ne of Corporation)	
P02000128264	, a corporation organized under the laws of the State of	
(Document Number, if known)		
Florida		
	·	
Bo	(Signature of resigning officer/director)	
	(Signature of resigning officer/director)	

## **FILING FEE 1S \$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

