## P09000089185

•	
(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified.Copies Certificates of Status <u>Control of Status</u>	
Special Instructions to Filing Officer:	

Office Use Only



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12/30/09--01011--004 \*\*35.00



OD Resign.

D. COMPAN JAN 0 7 2010

## **COVER LETTER**

TO: Amendment Section Division of Corporations	
SUBJECT: Gulf Coast Advant	age Insurance, Inc.
	(Name of Corporation)
DOCUMENT NUMBER: PO	9000089185
The enclosed Officer/Director Res	signation for a Corporation and fee are submitted for filing.
Please return all correspondence c	oncerning this matter to the following:
Aimee M. Atwell	,
(Name of Pe	rson)
Gulf Coast Advantage Insurar	ice, Inc.
(Name of Firm/C	Company)
708 New Warrington Rd.	
(Address	
Pensacola, FL 32506	
(City/State and 2	Sip Code)
For further information concerning	g this matter, please call:
Mary D. Weaver	at ( 850 \ 434-9616
(Name of Person)	at ( 850 ) 434-9616  (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 ma	de payable to the Florida Department of State.
Street Address:	Mailing Address:
Amendment Section	Amendment Section
Division of Corporations Clifton Building 2661 Executive Center Circle	Division of Corporations Post Office Box 6327
Clifton Building	Post Office Box 6327
Tallahassee, FL 32301	Tallahassee, FL 32314
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## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I,	, hereby resign as Vice President (Title)
of Gulf Coast Advantage Insur	
OI (Nat	me of Corporation)
P09000089185 (Document Number, if known)	, a corporation organized under the laws of the State of
Florida	·
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## FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314