

P10000045649

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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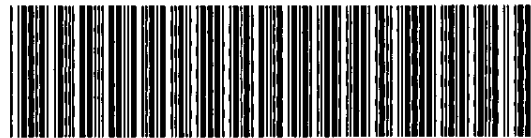
(Business Entity Name)

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G. MUSTAIN

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: HBS INSURANCE OF CENTRAL FLORIDA, INC.

(Name of Corporation)

DOCUMENT NUMBER: P10000045649

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

BARBARA A. PLENTZ

(Name of Person)

HBS INSURANCE OF CENTRAL FLORIDA, INC.

(Name of Firm/Company)

4095B CR 106, PO BOX 264

(Address)

OXFORD, FLORIDA 34484

(City/State and Zip Code)

For further information concerning this matter, please call:

BARBARA PLENTZ

(Name of Person)

at (352) 350-1422

(Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:

Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

I, TONI J. SIGNORETTI, hereby resign as PRESIDENT
(Title)

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(Signature of resigning officer/director)

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

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