P97000029759

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

300078150923

07/31/06--01036--021 **35.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 AUG 29 PM 1:01

OD/Res

10. 8/30/06

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: COMMERCIAL INSURANCE RESOURCES
(Name of Corporation)

DOCUMENT NUMBER: P97000029759

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

Please return all correspondence concerning this matter to the following:

MARIA C. REED
(Name of Person)

COMMERCIAL INSURANCE RESOURCES, INC.
(Name of Firm/Company)

P O BOX 952247
(Address)

LAKE MARY, FL 32795
(City/State and Zip Code)

For further information concerning this matter, please call:

MARIA C. REED at (407) 330-4243
(Name of Person) (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

CR2E044(08/05)

FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 9, 2006

MARIA C. REED
COMMERCIAL INSURANCE RESOURCES, INC.
P.O. BOX 952247
LAKE MARY, FL 32795

SUBJECT: COMMERCIAL INSURANCE RESOURCES, INC.
Ref. Number: P97000029759

We have received your document for COMMERCIAL INSURANCE RESOURCES, INC. and your check(s) totaling $35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

Our records do not reflect a CHARLES E. REED as VP/Sec.

We show CHUCK REED as ST. Please correct as sign your document as such.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton
Document Specialist

Letter Number: 106A00049604

OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION

I, CHUCK REED, hereby resign as SEC/T
(Title)

of COMMERCIAL INSURANCE RESOURCES, INC.
(Name of Corporation)

P97000079759, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA.

CR ST
(Signature of resigning officer/director)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 AUG 29 PM 1:01

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