

P970000029759

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

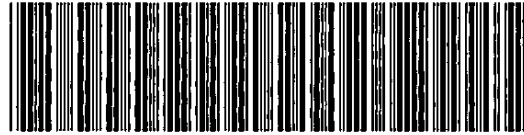
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
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Ad. 8/30/04

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)

PO 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



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

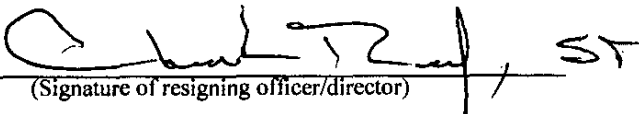
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, CHUCK TREED, hereby resign as Sec/T
(Title)

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

TP77000029759, 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

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SECRETARY OF
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