

S52337

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

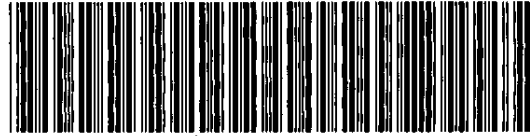
(Business Entity Name)

(Document Number)

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E. DENNARD

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Malave, Erin

From: support@floridaincorporator.com
Sent: Tuesday, September 28, 2010 8:19 PM
To: CorpAddressChange
Cc: support@floridaincorporator.com
Subject: C & L INSURANCE, INC. - S52337 - Request for change of business address
To Florida Department of State - Division of Corporations - corpaddresschange@dos.state.fl.us,

This is a request for change of address for:

Business Name: C & L INSURANCE, INC.
Document Number: S52337

This request for change of address was submitted to us by:

Representative Name: Linda Costolo
Phone Number: 561 239-3279

The new business address(es) is/are:

Principal Address

2295 NW Corporate Blvd. - Suite 121
Boca Raton FL 33431 US

Mailing Address

2295 NW Corporate Blvd. - Suite 121
Boca Raton FL 33431 US

If you have any questions or concerns, feel free to contact our Support Team at support@floridaincorporator.com.

Best regards,

Support Team
Florida Incorporator™
Phone: 1-888-800-9573
Fax: 1-800-824-4954
Email: support@FloridaIncorporator.com
<http://www.FloridaIncorporator.com>

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