207000094403

(Requestor's Name)		
(Address)		
(Address)		
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certific opies	ertific opies Certificates of Status	
Special Instructions to Filing Officer:		

Office Use Only



200280351012

12/30/15-01015-022 **35.00



A RANGEY

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Domain Insurance Management, Inc.

(Name of Corporation)

DOCUMENT NUMBER: P07000094403

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

Please return all correspondence concerning this matter to the following:

Homer Odum

(Name of Person)

Domain Insurance Management, Inc.

(Name of Firm/Company)

13020 Livingston Rd Ste 16

(Address)

Naples, FL. 34105

(City/State and Zip Code)

For further information concerning this matter, please call:

Nicholas Domain

...239

,598-9013

(Name of Person)

Area Code & Daytime Telephone Number

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

Mailing Address:

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

Street Address:

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

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

15 DEC 30 PM 3: 14

Homer Odum

I, Homer Odum

Of Domain Insurance Management, Inc.

(Name of Corporation)

P07000094403

(Document Number, if known)

Florida

SECRETARY OF STATE TALL AHASSEE, FLORIDA

(Title)

(Title)

(Title)

(Title)

(Title)

(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