

218707

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

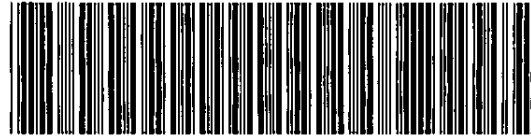
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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300255862533

Resignation
of officer

01/27/14--01018--007 **35.00

FILED
2014 JAN 27 PM 3:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DR
1/30/14

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: GALLO INSURANCE AGENCY, INC.
(Name of Corporation)

DOCUMENT NUMBER: 218707

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

Please return all correspondence concerning this matter to the following:

SHARON L. HEADLEE
(Name of Person)

GALLO INSURANCE AGENCY, INC.
(Name of Firm/Company)

4360 NORTHLAKE BLVD, STE 214
(Address)

PALM BEACH GARDENS, FL 33410
(City/State and Zip Code)

For further information concerning this matter, please call:

DAVID TEILER at (917) 842-4044
(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**

FILED


2014 JAN 27 PM 3:52

I, SHARON L. HEADLEE, hereby resign as VP OPERATIONS
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
(Title)

of GALLO INSURANCE AGENCY, INC.
(Name of Corporation)

218707, 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