

370253

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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## TRANSMITTAL LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Capital Insurance Agency, Inc.  
(Name of Corporation)

DOCUMENT NUMBER: 370253

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

Please return all correspondence concerning this matter to the following:

Susan Concar  
(Name of Person)

Capital Insurance Agency, Inc.  
(Name of Firm/Company)

1425 E. Piedmont Dr., #301  
(Address)

Tallahassee, FL 32308  
(City/State and Zip Code)

For further information concerning this matter, please call:

Susan Concar at (850) 386-3100  
(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  
409 E. Gaines Street  
Tallahassee, FL 32399

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Dana M. Williams, hereby resign as Asst. V. Pres.,  
Director and  
Corporate Secretary  
(Title)  
of Capital Insurance Agency, Inc.  
(Name of Corporation)  
370253, a corporation organized under the laws of the State of  
(Document Number, if known)  
Florida.

Dana Williams  
(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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