

381564

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

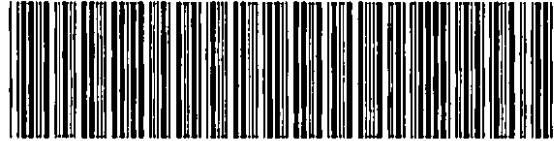
(Business Entity Name)

(Document Number)

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2021 JAN 19 PM 6:55

SECRETARY OF STATE
TALLAHASSEE, FL

3/1/21

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: COMMERCIAL RISK MANAGEMENT, INC

(Name of Corporation)

DOCUMENT NUMBER: 381564

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 E. Theis, CEO and President

(Name of Person)

Commercial Risk Management, Inc.

(Name of Firm/Company)

1715 N. Westshore Blvd., Suite 280

(Address)

Tampa, FL 33607

(City/State and Zip Code)

For further information concerning this matter, please call:

Susan E. Theis at (813) 289-3900

(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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

OFFICER / DIRECTOR RESIGNATION **FILED**
FOR A CORPORATION

2021 JAN 19 PM 6:55

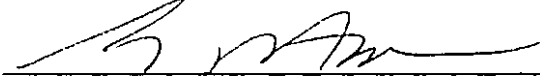
SECRETARY OF STATE
TALLAHASSEE, FL

I, SHARON L. ANDERSON, hereby resign as DIRECTOR, AS, AND CCO
(Title)

of COMMERCIAL RISK MANAGEMENT, INC.
(Name of Corporation)

381564, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA

 12/31/20
(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