## 5 4013

(F	Requestor's Name)	
( <i>f</i>	Address)	
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(0	City/State/Zip/Phone #	<del>(</del> *)
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(E	Business Entity Name	<del>)</del>
(Document Number)		
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## TRANSMITTAL LETTER

SUBJECT: Collins Insurance Agency, INC.  (Name of Corporation)  DOCUMENT NUMBER: 516073
DOCUMENT NUMBER: 5 1 2 7 7 5
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
John F. Moore (Name of Person)
(Name of Person)
Collins Insurance Agency, INC. (Name of Firm/Company)
(Name of Firm/Company)
522 E. Colonial Drive
(Address)
Orlando Fla 32803
(City/State and Zip Code)
For further information concerning this matter, please call:
John F. Moore at 407 466-919 (Area Code & Daytime Telephone Number)
(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

Amendment Section Division of Corporations

TO:

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

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, John F. Moore, hereby resign as SD	) scretary
of Collins Insurance Agency I (Name of Corporation)	FNC.
(Document Number; if known), a corporation organized under the laws	
Florida.	
Jelin 2 Moore	
(Signature of resigning officer/director)	TALL SECULIAR TO THE SECULIAR
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