

F220000006345

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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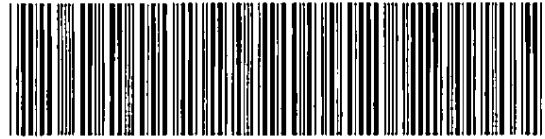
(Business Entity Name)

(Document Number)

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## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** G&M INSURANCE SERVICES, INC.  
\_\_\_\_\_

(Name of Corporation)

**DOCUMENT NUMBER:** F22000006345  
\_\_\_\_\_

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

Please return all correspondence concerning this matter to the following:

KEITH G. MORCROFT  
\_\_\_\_\_

(Name of Person)

KEITH G. MORCROFT  
\_\_\_\_\_

(Name of Firm/Company)

KEITH G. MORCROFT  
\_\_\_\_\_

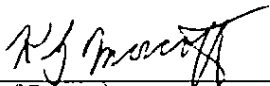
(Address)

PO BOX 744, ISLAMORADA, FL 33036  
\_\_\_\_\_

(City/State and Zip Code)

For further information concerning this matter, please call:

KEITH MORCROFT



at (

352

492-8561

1-11-2024

) (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  
FOR A CORPORATION**

I, KEITH GILBERT MORCROFT, hereby resign as PRESIDENT  
(Title)

of G&M INSURANCE SERVICES, INC.  
(Name of Corporation)

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

F22000006345

*Keith Gilbert Morcroft* PAC 2-20 #A134040  
(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

2024 JAN 16 PM 6:00  
TALLAHASSEE, FLORIDA