F98279

(Re	equestor's Name)	<u> </u>
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TO: Amendment Section Division of Corporations

SUBJECT: Coral Springs Auto Tag & Insurance Agency, Inc (Name of Corporation)
DOCUMENT NUMBER: F98279
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Helly Con ley (Name of Person)
Coral Springs Auto Tag & Insurance Agency, Inc.
1011 W. SAMPLE Rd. (Address)
Coral Springs, FL 33065 (City State and Zip Code)
For further information concerning this matter, please call:
Helly Con ley at (954) 753-2000 (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

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

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

FILED

OFFICER / DIRECTOR RESIGNATION 2007 AUG 24 PM 4: 09

I, JoAnne M. Shepherd	, hereby resign as <u>Vice President</u> (Title)
or Coral Springs Auto To	and La A Insurance Agency, Trc.
F(1077/1	orporation organized under the laws of the State of
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