

630298

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: ZOT INSURANCE AGENCY, INC.

(Name of Corporation)

DOCUMENT NUMBER: G30298

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

Please return all correspondence concerning this matter to the following:

DANIA PHILLIPS

(Name of Person)

(Name of Firm/Company)

10344 S W 26th STREET

(Address)

DAVIE, FL 33324

(City/State and Zip Code)

For further information concerning this matter, please call:

DANIA PHILLIPS

(Name of Person)

at ( 954 ) 424-7324

(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

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, WILLIAM J PHILLIPS, hereby resign as PRESIDENT/DIRECTOR  
(Title)

of ZOT INSURANCE AGENCY, INC.  
(Name of Corporation)

G30298, a corporation organized under the laws of the State of  
(Document Number, if known)

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

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**TALLAHASSEE FLORIDA**