

JD3725

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

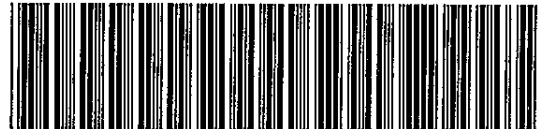
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
of FLORIDA

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Officer Resignation

T BROWN MAR - 8 2005

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: EASTSIDE Insurance Center Inc
(Name of Corporation)

DOCUMENT NUMBER: _____

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

Please return all correspondence concerning this matter to the following:

Gwen Mitchell
(Name of Person)

EASTSIDE Insurance Center Inc
(Name of Firm/Company)

3101 N. Main St.
(Address)

Tam FL 32206
(City/State and Zip Code)

For further information concerning this matter, please call:

Gwen Mitchell at (904) 356-6000
(Name of Person) (Area Code & Daytime Telephone Number)

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

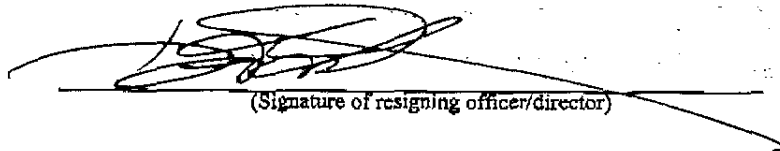
Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

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05 MAR -3 PM 2:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, DENISE M. LANKFORD hereby resign as President
(Title)
of EASTSIDE Insurance Center, Inc.
(Name of Corporation)
503725 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