J03725

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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)

Jax 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

CR2E044(11/02)

02/24/05 THU 10:50 FAX 904 633 9200 WETTERMARKHOLLANDKEITH 014

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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 Presidat (Title)

of EASTSIDE INSURANCE CENTER, INC. (Name of Corporation)

J03725 (Document Number, if known), a corporation 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