

J50648

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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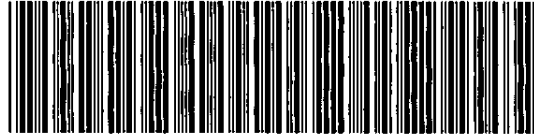
(Business Entity Name)

(Document Number)

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CLERK OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER -

TO: Amendment Section
Division of Corporations

SUBJECT: The Florida Insurance Source, Inc.
(Name of Corporation)

DOCUMENT NUMBER: J 50648

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

Please return all correspondence concerning this matter to the following:

Phillip G. Chesson
(Name of Person)

(Name of Firm/Company)

1471 Noell Blvd
(Address)

Palm Harbor, FL 34683
(City/State and Zip Code)

For further information concerning this matter, please call:

Phillip Chesson at (727) 744-3999
(Name of Person) (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

FILED
08 SEP 24 PM 12:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, Philip G. Chesson, hereby resign as EVP
(Title)

of The Florida Insurance Source, Inc.
(Name of Corporation)

J50648, a corporation organized under the laws of the State of
(Document Number, if known)

Florida

Philip G. Chesson
(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