

# J74455

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## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** FLORIDA LAWYERS MUTUAL INSURANCE COMPANY  
\_\_\_\_\_  
(Name of Corporation)

**DOCUMENT NUMBER:** J74455  
\_\_\_\_\_

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

Please return all correspondence concerning this matter to the following:

CAROL COADY  
\_\_\_\_\_

(Name of Person)

FLORIDA LAWYERS MUTUAL INSURANCE COMPANY  
\_\_\_\_\_

(Name of Firm/Company)

541 E. MITCHELL HAMMOCK ROAD  
\_\_\_\_\_

(Address)

OVIEDO, FL 32765  
\_\_\_\_\_

(City/State and Zip Code)

For further information concerning this matter, please call:

CAROL COADY  
\_\_\_\_\_

at ( 800 ) 633-6458

(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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

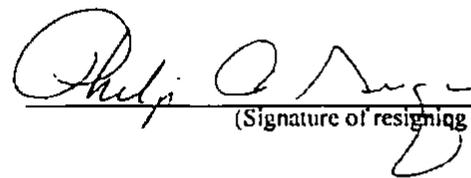
FILED  
2024 APR 16 PM  
Seminole County  
Tallahassee, FL

I, PHILIP A. DISQUE, hereby resign as TREASURER  
(Title)

of FLORIDA LAWYERS MUTUAL INSURANCE COMPANY  
(Name of Corporation)

J74455, 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