K97400

Requestor's Name

STATE NO-FAULT INSURANCE AGENCY
4051 SOUTH U.S. HWY 17-92
CASSELBERRY, FL 32707
407 830-6111

City/State/Zip Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____ (Corporation Name) _____ (Document #)
2. _____ (Corporation Name) _____ (Document #)
3. _____ (Corporation Name) _____ (Document #)
4. _____ (Corporation Name) _____ (Document #)

FILED
99 JUL 16 AM 8:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

☐ Walk in ☐ Pick up time _____ ☐ Certified Copy

☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

	NEW FILINGS
	Profit
	NonProfit
	Limited Liability
	Domestication
	Other

	AMENDMENTS
	Amendment
	Resignation of R.A., Officer/ Director
	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

100002933291--2
-07/16/99--01056--001
*****35.00 *****35.00

	OTHER FILINGS
	Annual Report
	Fictitious Name
	Name Reservation

	REGISTRATION/ QUALIFICATION
	Foreign
	Limited Partnership
	Reinstatement
	Trademark
	Other

Offices 7-22-99 MK

CR2E031(1/95)

Examiner's Initials	

OFFICER / DIRECTOR RESIGNATION

I, MARK A. VICKERY, hereby resign as PRESIDENT AND/OR DIRECTOR
(Title)

of DALY COMPANIES, INC.
(Name of Corporation)

a corporation organized under the laws of the State of FLORIDA

and affirm that the corporation has been notified in writing of the resignation.

(Signature of resigning officer/director)

FILED
99 JUL 16 AM 8:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILING FEE IS $35.00

CR2E044(10/96)